**Swimming pool and spa registration (Form 22)**

**Property owner**

|  |  |
| --- | --- |
| Name of the owner where the pool/spa is located:  |       |
| Postal address:  |       |
| Phone number: |       |
| Email: |       |

**Property details**

Please include Title details if available.

|  |  |  |  |
| --- | --- | --- | --- |
| Number: |       | Street/Road: |       |
| Town: |       | Postcode: |       |
| Lot(s): |       | LP/PS: |       | Volume: |       | Folio: |       |
| Crown Allotment: |       | Section: |       | Parish: |       |

**Type of swimming pool/spa**

When submitting your registration, please provide copies of any relevant building permit if available and/or any other documentation that provides evidence of when the swimming pool or spa was constructed.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Permanent swimming pool | Date constructed:**\*** |       |
| [ ]  | Permanent spa | Date constructed:**\*** |       |
| [ ]  | Relocatable swimming pool | Date constructed:**\*\*** |       |
| [ ]  | Relocatable spa | Date constructed:**\*\*** |       |

**\*** For permanent swimming pools and spas, the approximate date that the swimming pool or spa was constructed.

**\*\*** For relocatable swimming pools and relocatable spas, the date that the relocatable swimming pool or relocatable spa was erected.

Please list any other building work that has altered or resulted in changes to the barrier since the swimming pool or spa was constructed or erected. Please also provide details and copies of any relevant building permit or other documentation.

|  |
| --- |
|       |

**Signatures**

|  |  |
| --- | --- |
| Name (please print): |  |
| Signature: |  | Date: |  |

**Payment options**

**In person**: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our customer service centres.

**Online:** pay by Visa or Mastercard on Council’s website **mrsc.vic.gov.au**

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

|  |  |
| --- | --- |
| Office Use Only – Prepayment Receipt Licencing Class BPSR |  |

**Credit card payment authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Mastercard | [ ]  | Visa | [ ]  |
| I authorise you to charge the following amount to my credit card: $ |       |
| Name on card:  |       |
| Credit card number: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Expiry date (xx/xx):  |  | Signature: |  |