

TRIM Reference: \_\_\_\_\_



## REGISTRATION OF AN AQUATIC CENTRE

All applications are deemed addressed to the Chief Executive Officer of the City of Greater Geraldton.

### APPLICANT/BUSINESS DETAILS

Applicant Name: \_\_\_\_\_

Premise Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide any further information regarding your Aquatic Facility:

### APPLICATION FEE

- Clearance to Open Facility (Registration Fee): \$184.00
- Water Sample Collection and Results (Per month, per site): \$36.00

### DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE

GL Account No: **5500-100058-43310** Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Officers Initials: \_\_\_\_\_

