



**POOL/SPA COMPLIANCE INSPECTION
REQUEST FORM
(YEAR: 2020/2021)**

Date received (office use only): ____/____/____			
Name of Applicant:		Company Name:	
Address:		Postcode:	
Contact person:		Phone No:	
Email Address:			

Property Details:

Number:	Street/road:		
City/suburb/town:		Postcode:	
Lot/s:	Plan:	Volume:	Folio:
Municipal district:			

Pool/Spa Registration Number: _____

Type of swimming pool or spa:

<input type="checkbox"/>	Permanent Swimming Pool	<input type="checkbox"/>	Relocatable Swimming Pool
<input type="checkbox"/>	Permanent Spa	<input type="checkbox"/>	Relocatable Spa

Applicants Signature..... Date.....

Initial inspection fee - \$205.00 (Rural City of Wangaratta to Invoice)