

## Notification of Swimming Pool / Spa Removal



To: Swimming Pool Com City of Bayswater PO Box 476 MORLEY WA 6943	pliance Officer				
Dear Sir / Madam,					
I / We, as owners of confirm the private swim council's records.	ming pool / spa has beer	removed and re	equest that	this be	indicated on
OWNER DETAILS					
*Name:					
*Postal Address:					
*Suburb:		*Postcode:			
*Contact Number(s):	(Home): (Mobile):				
*Email:	(Fax):				
LOCATION DETAILS (S	WIMMING POOL / SPA	1			
*House Number:	*Street Name:				
*Suburb:	*Postcode:				
Location of Swimming Po	ool/Spa: Front/Rear/	Side			
Swimming Pool/Spa cons	struction material (eg fibr	eglass, concrete	e):		
Date of Removal:					
PLEASE NOTE: If you rem compaction should you wis Services at the City on 9272	sh to build on the removed	pool area. Please	contact the	City's S	
By signing this form, you are	e declaring that you have re	moved your swimm	ning pool/spa	a from y	our property:
OWNER SIGNATURE:_			DATE:	_/_	_/

(\* Details required)

inspection.

<u>PLEASE NOTE:</u> An officer from the City will conduct a site inspection to confirm the swimming pool/spa has been removed. If you wish to be present when the inspection is carried out, it will be necessary for you to contact this office within 7 days of submitting this notification form. Please call 9272 0622 to arrange an

Postal Address PO Box 467 Morley WA 6943 Email: mail@bayswater.wa.gov.au Website: <u>www.bayswater.wa.gov.au</u>