CITY OF BELMONT Notification of Decommissioned Swimming Pool/Spa

Date of Publication: 17 August 2020

I / we, the owners of the property below, advise the City of Belmont that the swimming pool/spa on our property has been decommissioned and request that this be indicated on the City's records.

OWNER DETAILS

Name(s): Address: Postcode: Contact Phone Number(s):

PROPERTY DETAILS

Street Number:	Street Name:
Suburb:	

DECOMMISSIONED SWIMMING POOL / SPA DETAILS

Structure:	Swimming Pool	🔲 Spa	
Location:	Front	Side	🗌 Rear
Decommissione	d Swimming Pool/Spa In	formation	
will not contain w		eep at any time. A com	no longer being used and apliant safety barrier is not
The City recomm	ends:		
	unched through the botton the flexible liner for framed		owest point; and/or
will be reinspected therefore still incorremoved from the By signing this for from the above p time, we are of	ed at intervals of no more cur the annual part inspe property. prm, we declare that the s roperty. Should we wish t the understanding we mu	than four years. The section fee on your Rate swimming pool or spa h to recommission the sw ust contact the City to	d on the City's register and swimming pool or spa will es notice until completely as been decommissioned imming pool or spa at any arrange an inspection to spa being filled with water.
Owner Signature:		Date:	
Owner Signature: Owner Signature:		Date: Date:	

CITY OF 215 Wright Street, Cloverdale 6105 (Locked Bag 379, Cloverdale 6985) **Ph:** 9477 7222 **Fax:** 9478 1473 belmont@belmont.wa.gov.au www.belmont.wa.gov.au Document Set ID: 2873954 Version: 2, Version Date: 17/08/2020