



### OFFICE USE ONLY

Registration No:  Date:

Classification\*:  High  Medium  Low (\*Requires RMP)

### LODGEMENT OF APPLICATION

**Council:** Monday-Friday, 8:00am-4:30pm  
**Auburn Service Centre** - 1 Susan Street, Auburn NSW 2144  
**Merrylands Service Centre** - 16 Memorial Avenue, Merrylands NSW 2160

**Mail:** The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160

**Email:** [council@cumberland.nsw.gov.au](mailto:council@cumberland.nsw.gov.au)

### 1. Site Details

**Type of System:**  Cooling Water System  Warm Water System

**Address where the systems are installed:**

Street No:  Street Name:

Suburb:  Postcode:

**Occupier Business Details:**

Business Trading Name:

Company / Sole Trader Name:

ABN/ ACN:

Business Main Phone:  Business Email:

**On-Site Contact Person (to facilitate site access/inspections):**

Contact Name:

Phone Number:  Mobile No:

Email Address:

Emergency contact (afterhours) number:

**Postal Address (If different from above):**

Street No:  Street Name:

Suburb:  Postcode:

### 2. Notification Type

New System Installed – *Is a copy of the risk management plan available?*  Yes

Change in Occupier or System Details

System Decommissioned – *Is a copy of the decommissioning report available?*  Yes

3. System Details & Location			
Number of System/s on site: <input type="text"/>			
Unique ID (if known)	Location of System Within Site	No. of Towers	System Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Duly Qualified Person (DQP)	
<b>NOTE:</b> The Duly Qualified Person is a person or company appointed to manage the system on a routine basis.	
<input type="checkbox"/> Same as above – go to Section 5	<input type="checkbox"/> Different to above – fill in details below:
Company Name/ Sole trader: <input type="text"/>	
^Must be a sole trader or a corporation name (e.g. XYZ Pty. Ltd.)	
ABN/ACN: <input type="text"/>	Phone No: <input type="text"/>
Email Address: <input type="text"/>	

5. Applicant Authority	
I hereby notify Cumberland City Council of the above information and declare the information provided to be correct.	
Applicant's Signature: <input type="text"/>	Date: <input type="text"/>
Applicant's Name: <input type="text"/>	Position: <input type="text"/>

6. Privacy
The personal information that you have provided in this form is for Council purposes only.