

Notification of Removed Swimming Pool/Spa

I / we, the owners of the property below, advise the Shire of Irwin that the swimming pool/spa on our property has been removed and request that this be indicated on the Shire records.

OWNER DETAILS							
Name(s):							
Postal Address:							Postcode:
Contact Phone Num							
PROPERTY DETAIL	.S						
Street Number and Name:							
Suburb:							Postcode:
REMOVED SWIMMI	NG PO	DL / SPA DE	TAILS				
	☐ Swimming Pool ☐ Spa ☐ Fence						
Removal Date:							
(see Swimming and Consideration need on any future deve information). An Authorised Office pool / spa has been	Spa Poston	ools Fact She given for the it on the pr the Shire will ed.	eet). effective operty. (s	removal of the see Swimming red to conduct	entire shell/s and Spa Po a site inspect	structoools	uire regular inspections ure so as not to impact Fact Sheet for further confirm the swimming
Owners Name:	, we dec	lare that the	swimming	Owners N		vea tr	om the above property:
(please print)				(please pr			
Owners Signature:				Owners S	gnature:		
Date:				Date:			
OFFICE USE ONLY							
Has the pool been in	nspecte	d?:	es 🗖 N	lo			
Shire officer Name: (please print)		1		Shire Sign	ature:		
Date:				Records u	pdated:		