

Enter postal address if different from street address.	Postal address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph. <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"/>	Mobile <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"/>		
Contact fax <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"/>	Email _____		
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Manager's name		
	Is the manager's residence provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a kiosk provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is there an office provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Amenities / Facilities				
	Male	Female	Total No. Sites	
No. Toilets			No. Unpowered Sites	
No. Showers			No. Cabins	
No. Hand Basins			No. Caravan Sites	
Disabled Facilities (AS 1428)			No. Permanent Units	
			No. Single Person Rooms	

Water supply
(Non-Potable water require results of Nata Accredited Microbiological & Chemical Analysis to be forwarded to council)

Town water Chlorinated Non-chlorinated
 Other (please specify) _____

Lodgement
 Please attach the following:
 1. A copy of your current certificate of compliance issued under the *Fire and Rescue Service Act 1990*.

Please note: This application, current certificate and fee MUST be lodged with your Council.

Office use only

Application fee		Reg. no.	
Receipt code	T454	ID no.	
GL Ledger No.		Inspection date	
Recommendation			
			Rec. no.
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.		