



# WARM WATER SYSTEM RENEWAL REGISTRATION FORM 2018/2019

## REGISTRATION TYPE

**Existing Registrations: Please (x) the following**

- Renew Registration of Warm Water System(s)
- Modify business ownership details and/or maintenance and operation contact details of existing Registration(s) of Warm Water System(s) – Please provide details of changes.

**Please indicate the total number of systems already registered** \_\_\_\_\_

## SITE DETAILS

Registered Business Name \_\_\_\_\_

Address \_\_\_\_\_

Trading name of premises \_\_\_\_\_

Site (Street) Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Description of Business Activities \_\_\_\_\_

## OPERATION & MAINTENANCE CONTACT DETAILS

**Person/company responsible for operation & maintenance**  In-house  Contractor

Name of Business \_\_\_\_\_

**Name of the Contact Person**

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

**Business Address**

Street Address \_\_\_\_\_

\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mob \_\_\_\_\_

**Residential Address**

Street Address \_\_\_\_\_

\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

**Additional after hours contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT DETAILS**

Name of person submitting registration form

First name \_\_\_\_\_ Surname \_\_\_\_\_

Position title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office Use Only**

Fee received: *(Receipt number and amount)* \_\_\_\_\_

Property Identification: \_\_\_\_\_

Date registered: \_\_\_\_\_

Registration expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_