**Application for Extension of Time**

**E1**

Please complete this form if you require an extension of time to bring your swimming pool/spa fencing up to either Community Safety Standard or Modified Australian Standards.

**Please return completed form\* to:**

**Swimming Pool Fencing Unit**

GPO Box 1680, Darwin NT 0801

Phone: 08 8924 3641

Fax: 08 8923 7604  
Email: [pool.fencing@nt.gov.au](mailto:pool.fencing@nt.gov.au)

Please use BLOCK LETTERS.

Premises Where the Swimming Pool/Spa is Located:……………………………………………………………………………………

Name:…………………………………………………………………………………………………………………………………………………………..

Current Residential Address:…………………………………………………………………………………………………………………………

Postal Address:…………………………………………………………………………………………………………………………………………...

Work Phone: …………………………………. Home Phone: ……………………………………….Mobile: ………………………………..

Reason for Requesting Extension of Time:…………………………………………………………………………………………………….

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Current Safety Measures in Place: ………………………………………………………………………………………………………………

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Estimated Completion Date: …………………in weeks

OFFICE USE ONLY

Signed:…………………………………………………………………….

Date:……………………………………………………….………………

The personal information provided on this form will not be disclosed to any organisation or persons unless required by law.