



Please help us keep our records up-to-date! You are required to inform the Health Department when you have a change of ownership or management, address, telephone number, etc.

Please fill out the following information and return this form with your permit payment for 2015.

Name of Pool and/or Spa _____

Location _____

City _____ Zip Code _____

Establishment Phone () _____

Manager _____ Phone () _____

Cell Phone () _____

Pool Operator _____ Phone () _____

Cell Phone () _____

E-mail address _____

Emergency Contact Information: _____

Legal Owner _____ Phone () _____

Mailing Address _____

City _____ Zip Code _____ Cell Phone () _____

E-mail address _____

Bill to: Legal Owner Establishment Location Other, list below

Name, Address: _____

Contact Environmental Health (360) 385-9444 if you have questions