



SWIMMING POOL & SPA APPLICATION TO OPERATE & INFORMATION SHEET

FACILITY INFORMATION

Name of Facility:
Address: City: Zip:
Phone #: Fax#: Email:
Type of Facility: [ ] Hotel/Motel [ ] MHP [ ] Apartments [ ] HOA [ ] Health Club [ ] Other:
Hours of Operation: Months of Operation: Number of Pools: Spas:
Purpose: [ ] New [ ] Remodel [ ] Facility Information Update [ ] Change of Ownership / Date:

OWNER INFORMATION

Owner or Company Name:
Address: City: State & Zip:
Phone #: Fax #: Email:

MANAGEMENT COMPANY INFORMATION [ ] Same as Owner

Name of Contact:
Address: City: State & Zip:
Phone #: Fax #: Email:

BILLING CONTACT INFORMATION [ ] Same as Owner [ ] Same as Management Company

Name of Contact:
Address: City: State & Zip:
Phone #: Fax #: Email:

INDIVIDUAL POOL & SPA INFORMATION

Designated Name: [ ] Swimming Pool [ ] Spa [ ] Wading Pool
Year Built: Capacity (Gallons): Pump Size: HP Variable Speed: [ ] Yes [ ] No
Filter Manufacturer: Model: Chlorinator Manufacturer: Model:
Designated Name: [ ] Swimming Pool [ ] Spa [ ] Wading Pool
Year Built: Capacity (Gallons): Pump Size: HP Variable Speed: [ ] Yes [ ] No
Filter Manufacturer: Model: Chlorinator Manufacturer: Model:
Designated Name: [ ] Swimming Pool [ ] Spa [ ] Wading Pool
Year Built: Capacity (Gallons): Pump Size: HP Variable Speed: [ ] Yes [ ] No
Filter Manufacturer: Model: Chlorinator Manufacturer: Model:

- List additional pools/spas/wading pools on separate sheet of paper.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_