

Placer County Health and Human Services Environmental Health

Amount Paid \$:
Date Paid:
Receipt #
Check #
CC Auth #

APPLICATION FOR RECREATIONAL HEALTH FACILITY

(Fill out one application per pool, spa, wading pool or water feature)

☐ Update	Information	☐ Change of Ow	ner □ N	☐ New Application	
Address of Facili Location of pool Provide Keys (ga	ity: , spa, and spray ate & equipment	grounds on Prem room): Yes or No	ises: Gate Code	: peration:	
☐ Year Round Pool	☐ Seasonal Pool	☐ Year Round Spa	☐ Seasonal Spa	□Seasonal Water Feature/Spray	
		OWNER INF	FORMATION		
Mailing Address:	• •				
		MAILING ADDRESS FOR CORRESPONDENCE Invoices, Inspection reports, Questions & complaints, etc			
Address:					
		MANAGER'S INFO	<u>ORMATION</u>		
Address:					
		MAINTENANCE or			
Name: Email Address: _			Phone#:		
		EMERGENCY C Not an Owner or			
Address:					
Signature of Appli	cant:		Date	ə:	