

Rose Mary Rahn Director

Milton Teske, M.D.

Health Officer



To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.

PUBLIC SWIMMING POOL/SPA INFORMATION FORM PLEASE COMPLETE INFORMATION FORM AND RETURN TO OUR OFFICE

	Facility	Location: Street/Ci	ty/Zip	
			Facility Location: Street/City/Zip	
<u>, </u>				
Name of Applicant/Contact Person		Facility Phone Home Phone		
	City/Zir)		
	The state of the s			
	Owner's	s Mailing Address (City Zin Code	
	OWNER	s maning Address,	eity, zip code	
	Doto			
	Date			
<u>-</u>				
Number of	Each		Total Fee	
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NCELLED CH	HECK IS Y	OUR RECEIPT.		
REC'D BY #		DATE REC'D//		
RENEWAL	NEW	CHANGE-OF-0	OWNERSHIP	
AMT REC'DPAYMENT TYPE :(1) CASH(2) CHECK(3)CASH & CHECK				
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n 7/26/2023	UPDAT	ED IN E.C:/	/ INITIALS:	
	Number of Number of NCELLED CH REC'D BY # RENEWAL T TYPE :(1) CA CHECK/	City/Zip Owner's Date Check All That Ap Number of Each NCELLED CHECK IS Y REC'D BY # RENEWAL NEW I' TYPE :(1) CASH CHECK/RECEIPT :	City/Zip Owner's Mailing Address, 0 Date Check All That Apply Number of Each Annual Fee \$378.00 \$378.00 \$378.00 \$378.00 \$378.00 \$ANCELLED CHECK IS YOUR RECEIPT. REC'D BY # DATE RECEIPT.	