



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

Name of Facility

Facility Location: Street/City/Zip

Name of Applicant/Contact Person

Facility Phone

Home Phone

Facility Mailing Address

City/Zip

Owner's Name

Owner's Mailing Address, City, Zip Code

Applicant's Signature

Date

Check All That Apply

Type	Number of Each	Annual Fee	Total Fee
POOL(S)		\$378.00	
SPA(S)		\$378.00	
Interactive Water Feature(s)		\$378.00	

YOUR CANCELLED CHECK IS YOUR RECEIPT.

OFFICE USE ONLY

FACILITY # _____ REC'D BY # _____ DATE REC'D ____ / ____ / ____

CIRCLE ONE OF THE FOLLOWING: RENEWAL NEW CHANGE-OF-OWNERSHIP

AMT REC'D _____ PAYMENT TYPE :(1) CASH _____ (2) CHECK _____ (3) CASH & CHECK _____

DATE OF CHECK ____ / ____ / ____ CHECK/RECEIPT # _____

APPROVED BY: _____ DATE APPROVED: ____ / ____ / ____

H:\AWEHS\FORMS\APPLICATIONS\Pool & Spa\Pool Application 7/26/2023

UPDATED IN E.C: ____ / ____ / ____ INITIALS: ____