



FOR OFFICE USE ONLY	
Amt Due:	_____
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Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

APPLICATION FOR RECREATIONAL HEALTH FACILITY

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

Update Information Change of Owner New Application

FACILITY DETAILS:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Location of pool, spa and/or spray grounds on premises: _____

Provide keys (gate and equipment room): Yes No Gate Code: _____

Months of operation: _____ Hours of Operation: _____

Year 'Round Pool Seasonal Pool Year 'Round Spa Seasonal Spa Seasonal Water Feature/Spray

OWNER DETAILS:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

SEND CORRESPONDENCE, SUCH AS INVOICES, INSPECTION REPORTS, QUESTIONS, COMPLAINTS, TO:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

MANAGER DETAILS:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

FACILITY MAINTENANCE OR SERVICE COMPANY:

Name: _____

Phone: _____ Email: _____

EMERGENCY CONTACT:

Name: _____ (Not an Owner or Manager)

Mailing Address: _____

Phone: _____ Email: _____

Applicant Name Printed: _____

Applicant Signature: _____ **Date:** _____