



**Placer County
Health and Human Services
Environmental Health**

Amount Paid \$:
Date Paid:
Receipt #
Check #
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APPLICATION FOR RECREATIONAL HEALTH FACILITY

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

- Update Information Change of Owner New Application

Name of Facility: _____
 Address of Facility: _____
 Location of pool, spa, and spray grounds on Premises: _____
 Provide Keys (gate & equipment room): Yes or No Gate Code: _____
 Months of Operation: _____ Hours of Operation: _____

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

OWNER INFORMATION

Owner's Name: _____
 Mailing Address: _____
 Email Address: _____ Phone #: _____

MAILING ADDRESS FOR CORRESPONDENCE
 Invoices, Inspection reports, Questions & complaints, etc...

Name: _____
 Address: _____
 Email Address: _____ Phone #: _____

MANAGER'S INFORMATION

Name: _____
 Address: _____
 Email Address: _____ Phone #: _____

FACILITY MAINTENANCE or SERVICE COMPANY

Name: _____
 Email Address: _____ Phone#: _____

EMERGENCY CONTACT
 Not an Owner or Manager

Name: _____
 Address: _____
 Email Address: _____ Phone #: _____

Signature of Applicant: _____ Date: _____