

Facility Information

Facility Name:

Address:

Telephone # at the facility:

Facility Hours of Operation:

Recreational Water Facility Type:

Class A Pool Class B Pool Wading Pool Splash Pad Spa

Indoor Outdoor

Is there a Trained Operator for the Recreational Water Facility? Yes No

Is the facility supervised at any time? Yes No

Primary Water Source:

Please complete if applicable

Campground

Food Premise(s)

Rec Water Facility

Proposed Date of Opening

Proposed Date of Closing

Days of Operation

Hours of Operation

Owner Information

Owner of the Premises:

Street Address:

City:

Postal Code:

Phone:

Operator Information (Check if same as above)

Name of Designated Facility Operator:

Operator's Phone Number:

Operator's Email Address:

Owner/Operator Signature: