



REGISTRATION FOR SWIMMING FACILITY

Facility Information			Owner/Representative Information		
Name of Facility			Name of Corporation, Organization or Individual		
Contact Person			Contact Person		
Physical Address			Address		
City	State	Zip	City	State	Zip
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip	City	State	Zip
Telephone			Telephone		
Email			Email		
Pool Operator			Alternate Pool Operator		
Telephone			Telephone		
Email			Email		
Certified Pool Operator <input type="checkbox"/> Yes <input type="checkbox"/> No			Certified Pool Operator <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have there been changes to the pool/spa features, equipment or reconstruction since the previous annual registration? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what changes:					
Operating Period: <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal *			Operating Hours: Days		
* If seasonal provide opening and closing dates: Opening _____ Closing _____			Hours		

Type of Swimming equipment

(Indicate number of each in the appropriate box below)

Type	Quantity	Volume/Gallons	Indoor	Outdoor
Swimming Pool				
Spa/Whirlpool				
Aquatic Feature				
Wading Pool				
Wave Pool				
Splash/Spray Pad				

Owner/Respresentative
Name (please print) _____

Signature _____

Date _____

Fees

A non-refundable registration fee of \$100.00 for each swimming pool, spa, etc. that is required to be registered at the facility, must be included.

Make check or money order payable to:

Uncas Heath District
401 West Thames Street, Suite 106
Norwich, CT 06360

For District Use Only:

Fee Paid _____

Date _____

Cash _____

Check/MO _____

Credit Card _____

Receipt No. _____