

2024-2025 PUBLIC POOL REGISTRATION

West Hartford-Bloomfield Health District

580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002

PHONE: (860) 561-7900 FAX (860) 561-7918

(Please fill out all sections of this form, typing or printing clearly)

A payment of \$275 must be included with this registration form.

FOR OFFICE USE ONLY

Fee Pd.: \$ _____

Check/CC #: _____

Cash/M.O. _____

Receipt #: _____

Pool Name: _____

Street Address: _____ Business Phone _____

Town: _____ Zip Code: _____

Name of Owner: _____

Address of Owner: _____

Town, Zip: _____ Owner's Phone #: _____

Emergency After Hours Contact #: _____ Name of Contact: _____

Management Company (*if applicable*): _____

Address: _____

Town: _____ Zip Code: _____

Phone: _____ Contact Person _____

Email Address: _____

Name and daytime phone number of ***on-site pool supervisor(s)*** or Certified Pool Operator knowledgeable in pool operation and pool water quality: Name: _____

Phone: _____ Pool Supervisor's Emergency Contact #: _____

Days/Hours on Premises: _____

List any changes, repairs and/or modifications that have been made to the pool or the pool facilities since last year and attach a copy of the State Health Department approval, if applicable:

Hours of operation for pool use:

Weekdays from _____ to _____

Weekends from _____ to _____

Pool Size _____ Gallons _____

Pool season opening date: _____ Closing date: _____

I agree to comply with the Section 19-13-B33b of the Connecticut Public Health Code. Failure to do so may lead to the closure of the pool.

Signature of Pool Owner: _____ Date: _____