



PUBLIC SWIMMING POOL REGISTRATION

Name of facility _____

Address _____ Town _____

Phone number _____

Indoor pool Outdoor pool Whirlpool/Spa

Opening date of pool _____ Closing date of pool _____

OWNER/MANAGER TO WHOM CORRESPONDENCE SHOULD BE DIRECTED

Name _____ Phone _____

Mailing address _____ Town _____ Zip _____

A POOL OPERATOR MUST BE AVAILABLE AT ALL TIMES WHEN THE POOL IS OPEN. THIS MEANS AN ALTERNATE POOL OPERATOR SHOULD BE DESIGNATED.

POOL OPERATOR

ALTERNATE

Name _____

Name _____

Home address _____

Home address _____

Phone # _____

Phone # _____

Certified Pool Operator Yes No

Certified Pool Operator Yes No

There is a \$75.00 registration fee payable to the Uncas Health District.

Applicant's signature _____ Date _____

Office Use Only:

Fee Paid: \$_____ Cash ___ Check# _____ Receipt # _____ Date _____