



**PUBLIC SWIMMING POOL REGISTRATION FORM**

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

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_