

KINGS COUNTY HEALTH DEPARTMENT
 Division of Environmental Health Services
 330 Campus Drive
 Hanford, California 93230
 Telephone Number (559) 584-1411 FAX Number (559) 584-6040
www.countyofkings.com/health/ehs

PUBLIC SWIMMING POOL/SPA INFORMATION FORM

PLEASE COMPLETE INFORMATION FORM AND RETURN TO OUR OFFICE

Name of Facility <input style="width: 100%; height: 30px;" type="text"/>	Location: Street/City/Zip <input style="width: 100%; height: 30px;" type="text"/>	
Name of Applicant <input style="width: 100%; height: 30px;" type="text"/>	Facility Phone <input style="width: 100%; height: 30px;" type="text"/>	Home Phone <input style="width: 100%; height: 30px;" type="text"/>
Applicant's Mailing Address <input style="width: 100%; height: 30px;" type="text"/>	City/Zip <input style="width: 100%; height: 30px;" type="text"/>	
Applicant's Signature <input style="width: 100%; height: 30px;" type="text"/>	Date <input style="width: 100%; height: 30px;" type="text"/>	
Contact Person <input style="width: 100%; height: 30px;" type="text"/>	Phone Number <input style="width: 100%; height: 30px;" type="text"/>	

Check All That Apply

Type	Number of Each	Annual Fee	Total Fee
POOL(S)		\$350.00	
SPA(S)		\$350.00	

YOUR CANCELLED CHECK IS YOUR RECEIPT.

OFFICE USE ONLY - SECTION BELOW			
AMOUNT REC'D _____	BY EMPLOYEE ID# _____	DATE REC'D _____	
PRID# _____	RENEWAL _____	NEW _____	
APPROVED BY _____	DATE APPROVED _____		
RECORD ID # _____	FACILITY # _____	OWN # _____	
INVSCHED DOLB _____	INSP. CD _____		
CURRENT INSPECTION DATE _____			
<small>h\application forms\pool application</small>		<small>REVISED 06/28/07</small>	