



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475
Phone 860-661-3300

OVERNIGHT STAY FACILITY REGISTRATION

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

Date: _____ **Establishment Name:** _____

Establishment Address: _____ **Town:** _____

Establishment Phone #: _____

Owner's Name: _____

Address: _____ **Town:** _____

Phone #: _____ **Email:** _____

Number of Units/Rooms on Property: _____

Water Supply: _____ **Public Water:** _____ **Well Water:** _____

Sewage Disposal: _____ **Public Sewers:** _____ **Septic System:** _____

Swimming Pool on Property: _____ **Yes** _____ **No** _____

Food and Beverages Prepared on Premises: _____ **Yes** _____ **No** _____

Option 1: Mail or Drop off form with check. (Payable to: CRAHD)

Option 2: Drop of form with cash. (CRAHD Office).

Option 3: Scan and Email form. crahdoffice@crahd.net

Pay online with credit card. Use payment link or scan QR code.

<https://www.crahd.info/blank>



Fee: \$150

Applicant Print Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY

Date Paid: _____ **Check** _____ **Cash** _____ **Credit/Debit** _____