



CT River Area Health District  
455 Boston Post Road, Suite 7, Old Saybrook, CT 06475

Phone: 860-661-3300 Web: [www.crahd.info](http://www.crahd.info)

## PUBLIC SWIMMING POOL REGISTRATION

Fee: \$ 150.00

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

POOL SUPERVISOR CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

LIFEGUARDS: ☐ (YES) ☐ (NO) CERTIFIED POOL/SPA OPERATOR: ☐ (YES) ☐ (NO)

OUTSIDE POOL MAINTENANCE COMPANY USED:

NAME: \_\_\_\_\_

POOL DIMENSIONS: LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_ VOLUME: \_\_\_\_\_

DISINFECTANT USED: CHLORINE BROMINE OTHER: \_\_\_\_\_



**FORM SUBMITTAL:** EMAIL OR (MAIL OR DROPOFF COMPLETED FORM)

Email: [crahdoffice@crahd.net](mailto:crahdoffice@crahd.net)

**PAYMENT SUBMITTAL:** PAY ONLINE WITH A CREDIT/DEBIT CARD OR (MAIL OR DROPOFF CHECK)  
Scan QR Code or pay here: <https://www.crahd.info/blank>

I attest that the information supplied on this application is accurate and correct. I understand that a license may not be issued or, after issuance, may be suspended, revoked, or not renewed for non-compliance with the *Connecticut Public Health Code*.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Payment Method: \_\_\_\_\_ Check \_\_\_\_\_ Online \_\_\_\_\_ Cash