



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

Phone: 860-661-3300 Web: www.crahd.info

PUBLIC SWIMMING POOL REGISTRATION

Fee: \$ 100.00

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: ____ (YES) ____ (NO)

NAME: _____ PHONE NO: _____

POOL DIMENSIONS: LENGTH: _____ WIDTH: _____ DEPTH: _____ VOLUME: _____

DISINFECTANT USED: CHLORINE BROMINE OTHER: _____



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

Email: 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