Connecticut River Area Health District
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475
Phone 860-661-3300 Fax 860-661-3333

OVERNIGHT STAY FACILITY REGISTRATION RENEWAL

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://buy.stripe.com/5kAbIK5INfNobx600c

Scan to pay

Fee: $100 (10 or Less Rooms)
$150 (More than 10 Rooms)

Applicant Print Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Date Paid: _____ Check_____ Cash_____ Credit/Debit_____