



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475

Phone 860-661-3300

OVERNIGHT STAY FACILITY REGISTRATION

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