



Prevent • Promote • Protect

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www.elpasocountyhealth.org

Facility Contact Form Pool and Spa

FACILITY INFORMATION

Facility Name	
Facility Physical Address	
City, State, Zip	
Facility Mailing Address	
City, State, Zip	

CONTACT INFORMATION

Owner/contact Name			
Business Phone		Email	
Alternate Contact		Phone	
Alternate Email			
Certified Pool Operator Name			<input type="checkbox"/> On staff <input type="checkbox"/> Contracted
Certification #		Certification Expiration	

Please complete the following section for each body of water currently in operation.

FACILITY SYSTEM INFORMATION

<input type="checkbox"/> Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Splash Pad <input type="checkbox"/> Other:		
Location/Facility Label:	Gallons:	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal Dates of Operation:
<input type="checkbox"/> Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Splash Pad <input type="checkbox"/> Other:		
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