



West Haven Health Department
355 Main Street, 2nd Floor
West Haven, CT 06516
203-937-3660 Fax: 203-937-3976

Fee: \$100

PUBLIC SWIMMING POOL APPLICATION

Name of Facility: _____

Address: _____

Phone Number: _____ Fax: _____

Indoor Pool ☐ Outdoor Pool ☐ Whirlpool/Spa ☐

Owner/Manager of Facility: _____

Phone: _____

Email: _____

Pool Operator Name: _____

Phone: _____

Certified Pool Operator: Y/N

Applicant's Signature: _____

Date: _____

Office Use Only

Date Paid: _____

Fee: _____

