



# SOUTHEASTERN UTAH DISTRICT HEALTH DEPARTMENT

**Price Office**

28 S 100 E  
PO Box 800  
Price, UT 84501  
(435) 637-3671

**Castle Dale Office**

25 W Main  
PO Box 664  
Castle Dale, UT 84513  
(435) 381-2252

**Moab Office**

471 S Main #4  
PO Box E  
Moab, UT 84532  
(435) 259-5602

**Monticello Office**

117 S Main  
PO Box 127  
Monticello, UT 84535  
(435) 587-2021

**Blanding Office**

196 E Center St  
PO Box E  
Blanding, UT 84511  
(435) 678-2723

## Contact Information Update Form For a Recreational Bathing Facility

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

City State Zip

Facility Type  H.O.A.  Apartment/Condo  Municipal  Resort/Hotel  Other \_\_\_\_\_

Name of QPO/Pool Maintenance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Property Management Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

HOA Contact Person(s) (if applicable)

Name	Phone

Type of Pool

Pool Name (if applicable)

Swimming Pool  Spa  Wader/Kids Pool  Other \_\_\_\_\_

Swimming Pool  Spa  Wader/Kids Pool  Other \_\_\_\_\_

Swimming Pool  Spa  Wader/Kids Pool  Other \_\_\_\_\_

Swimming Pool  Spa  Wader/Kids Pool  Other \_\_\_\_\_

List additional pools on the back of this form

Total Number of Pools: \_\_\_\_\_

I hereby certify all information contained in this application is correct

Signature \_\_\_\_\_ Date \_\_\_\_\_