



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

Existing Facility Application For a Recreational Bathing Facility

Name of Facility _____

Physical Address _____

City State Zip

Mailing Address _____

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 _____