

**TOWN OF WESTBROOK**

**HEALTH DEPARTMENT**

866 BOSTON POST ROAD

WESTBROOK, CONNECTICUT 06498

(860) 399-3047 • Fax (860) 399-2084

**PUBLIC SWIMMING POOL REGISTRATON FORM**

This form must be submitted each year per pool to the Town of Westbrook Health Department on or **before June 30<sup>th</sup>**. Any changes to this information during the current year should be reported to the Health Department at **(860) 399-9869**.

Year: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Contact Name (Pool Operator): \_\_\_\_\_

Contact Telephone No. : \_\_\_\_\_ Email : \_\_\_\_\_

**Annual Fees Due:** \_\_\_\_\_ \$50.00 \_\_\_\_\_

**Please make any checks payable to “Town of Westbrook”**

**Pool Information:**

Pool Type:  Outdoor Swimming Pool

Indoor Swimming Pool

Whirlpool/Spa

Other: \_\_\_\_\_

Gallons: \_\_\_\_\_

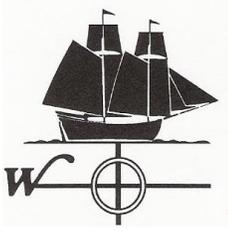
Filter Type: \_\_\_\_\_

DPH Approval Date (if known): \_\_\_\_\_

Was any equipment replaced during the previous year?: Yes  No

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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