CITY OF RICHARDSON HEALTH DEPARTMENT

PUBLIC/SEMI-PUBLIC SWIMMING POOL APPLICATION

P.O. Box 830309, Richardson, Texas 75083-0309 • (972) 744-4080

(TYPE *OR* PRINT *ALL INFORMATION*)

Date:_____

Name of Facility:_____

Type of Facility (please check one) ____Apartment ____Hotel/Motel ____Other

Location Address:_____ Phone: _____

Management Company:_____

Mailing address: _____
(street no./ name/suite/building #) (city, state & zipcode)

HOA Information:_____
(Contact Name) (Contact Phone Number)

Facility Manager/Contact: _____

Facility Manager/Contact email: _____

Do you have an indoor pool or spa? ❑ Yes ❑ No

Total number of pools/spas on property?_____

Fee schedule:

$200.00 for each swimming pool and/or spa

Total amount enclosed: $ _____

Please make check payable to: ***City of Richardson***

Mail notice and fee to: ***City of Richardson Health Department***
Swimming Pool Inspection Program
P.O. Box 830309
Richardson, TX 75083-0309