



APPLICATION FOR SWIMMING POOL/SPA

DOUGLAS COUNTY HEALTH DEPARTMENT
MIDTOWN CAMPUS, 1111 SO. 41ST ST., STE 130
OMAHA, NEBRASKA 68105
PH. 402-444-7485 / Fax 402-546-0852

Please Print or Type. Enclose Fee Seasonal \$327.00 Yearly \$494.00 Spa/Condo \$163.00

Owner or Corporation Name: _____

Corporation, List OFFICERS: _____

Pool or Spa Name: _____

Pool or Spa Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Certified Operator or Manager's Name: _____ Phone: _____

I have read the Rules and Regulations relating to pools or spas, and will comply with these rules and regulations.

Effective Date of Change: _____

Signature of Owner/Operator: _____ Date: _____

FOR DEPARTMENT USE ONLY

New ___ Change ___ Spa ___ Pool ___ Class A ___ Class B ___ Class C ___ Class F ___

Fee Received _____ Date _____ Check/Money Order _____

Application Approved: _____ Signed _____