



The Milford Health Department

82 New Haven Avenue ♦ Milford, CT 06460 ♦ 203-783-3285 ♦ Fax 203-783-3286

Public Swimming Pool Registration Form

Name of Facility: _____

Address: _____ Town/Zip: _____

Phone Number at Pool: _____

Pool Hours: _____

Expected Dates of Operation: **Opening:** _____ **Closing:** _____

Owner/Manager or other Contact Person to whom correspondence should be directed:

Name: _____ Telephone: _____

Mailing Address: _____ Town/Zip: _____

Someone must be available at all times when the pool is open. This will mean that alternate pool operators should be designated. Please list all pool operators with addresses and phone numbers.

Pool Supervisor/Attendant:

Name: _____ Telephone: _____

Home Address: _____ Town/Zip: _____

Alternate Pool Supervisor/Attendant:

Name: _____ Telephone: _____

Home Address: _____ Town/Zip: _____

Authorized Signature: _____ Date: _____

For Official Use Only

Date form received: _____ Date of Inspection: _____

Sanitarian: _____