

Pinellas County Health Department  
Environmental Health & Preparedness Division  
4175 East Bay Drive, Suite 300  
Clearwater, Florida 33764  
Phone: (727) 538-7277 Fax: (727) 538-7293



## **INITIAL OWNERSHIP / CHANGE OF OWNERSHIP FORM** **SWIMMING POOL / SPA**

Please fill out form **COMPLETELY**

**PERMIT NUMBER:** (Example: 52-60-12345) \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

**FACILITY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** Florida

**ZIP:** \_\_\_\_\_

**POOL OWNER:** \_\_\_\_\_

**OWNER ADDRESS / P.O. BOX:** \_\_\_\_\_

**OWNER CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**OWNER PHONE:** (     ) \_\_\_\_\_

**FAX:** (     ) \_\_\_\_\_

**RESPONSIBLE PARTY:**

For **BILLING PURPOSES:** \_\_\_\_\_

**BILLING ADDRESS / P.O. BOX:** \_\_\_\_\_

**BILLING CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**BILLING PHONE:** (     ) \_\_\_\_\_

**FAX:** (     ) \_\_\_\_\_

**I affirm that the above information is true and correct to the best of my knowledge.**

**SIGNED:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Rev 7/01/2009

This form is also online at: [www.PinellasHealth.com](http://www.PinellasHealth.com)