Florida Department of Health in Pinellas County Environmental Health, Epidemiology & Preparedness Division 8751 Ulmerton Road, Suite 2000

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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 EMAIL:		
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:		