

**WALLINGFORD HEALTH DEPARTMENT**

**Annual Public Swimming Pool Registration \***

Name of Pool: \_\_\_\_\_

Location: \_\_\_\_\_

Pool Operator/Property Management Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Projected Dates/Hours of Operation: \_\_\_\_\_

Please complete and return the above information to:  
Wallingford Health Department, Wallingford Town Hall  
45 South Main St., Rm. 215  
Wallingford, CT 06492.

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\* CT Pubic Health Code, 19-13-B33, defines "Public Pool" as an artificial basin constructed of concrete, steel, fiberglass or other material...which is not used at a single family residence.

**There is NO FEE required. This is an annual registration of pool operators/property managers only.**

The requested information will allow us to contact the required property manager/association in a timely manner in the event that a public health issue occurs. Periodic inspections will be conducted throughout the pool season to ensure a safe and healthy environment.

For additional information call 203-294-2065.