



ADMINISTRATIVE CHANGE FORM PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA

FACILITY INFORMATION

1. Facility Name: _____
2. Facility Address: _____ City: _____ Zip: _____
3. Facility Contact Name: _____ Phone #: _____
4. Email Address: _____

OWNER'S INFORMATION

5. OWNERS Name*: _____ Phone #: _____
6. Address: _____ FAX #: _____
7. City: _____ State: _____ Zip: _____
8. Email Address: _____
9. Owner Signature: _____
(Please type if electronic)

BILLING/MAILING INFORMATION

10. CONTACT Name: _____ Phone #: _____
11. Management Company/Agent Name: _____ Phone #: _____
12. Address: _____ FAX #: _____
13. City: _____ State: _____ Zip: _____
14. Email Address: _____

Email to ENVPoolinspection@maricopa.gov

*Owner listed should match what is listed on business license and tax id and should not be a management company. Please provide Home/Condo Owners information if applicable.