

# AQUATIC FACILITY PROFILE FORM

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## FACILITY INFORMATION

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

Facility Address: \_\_\_\_\_

Facility Email: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## OWNER INFORMATION

Date of Ownership: \_\_\_\_\_

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

(If Applicable) DBA \_\_\_\_\_ C/O \_\_\_\_\_

Federal Tax ID #/Driver's License #: \_\_\_\_\_

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

Owner Physical Address: \_\_\_\_\_

Owner Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

## MANAGEMENT COMPANY INFORMATION (IF APPLICABLE)

Management Company: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PERSON COMPLETING THIS FORM

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (in case we need to contact you for clarification): \_\_\_\_\_

## WHERE SHOULD INVOICE & LICENSE INFORMATION BE MAILED?

- Facility Address     Owner Address     Management Company Address

### Please return by mail or fax:

**Mail to:**

Columbus Public Health - Water Protection Program  
240 Parsons Ave  
Columbus, OH 43215

**Fax to:**

614-645-7155