CITY OF COLUMBUS - COLUMBUS PUBLIC HEALTH

AQUATIC FACILITY PROFILE CHANGE FORM

PR Number(s) Affected: _____
(look on your license or license application; each pool or spa has a separate number)

Facility Name: _____

Facility Address: _____

Facility Email: _____

NEW OWNER INFORMATION

Date Ownership Changed: _____

New Owner Name: _____

(If Applicable) DBA_____ c/O_____

Tax ID #: _____

New Owner's Mailing Address: _____

New Owner's Physical Address: _____

New Owner's Email: _____

EMERGENCY CONTACT'S INFORMATION

Name of Emergency Contact: _____

Mailing Address: _____

Physical Address: _____

Phone #: _____ Alternate Phone #: _____

Emergency Contact's Email: _____

PERSON COMPLETING THIS FORM

Name: _____

Title: _____ Date: _____

Phone Number *(in case we need to contact you for clarification)*: _____

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