



CLARK COUNTY
WASHINGTON
PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Recreational Water Safety Facility Change of Ownership Form

THIS FORM MUST BE COMPLETELY FILLED OUT. DO NOT WRITE "SAME AS ABOVE."

FACILITY INFORMATION:

NEW FACILITY NAME: _____ PREVIOUS FACILITY NAME: _____

DATE CHANGE OF OWNERSHIP OCCURRED: _____

SITE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SITE PHONE: _____ EMAIL: _____

CAN THE PERMIT BE MAILED TO THE ABOVE SITE ADDRESS: YES NO

IF NO, WHERE SHOULD THE PERMIT BE MAILED?

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER INFORMATION:

BUSINESS OR CORPORATION NAME: _____

OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC

OWNER NAME: _____ EMAIL: _____

OWNER MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE: _____ EMERGENCY PHONE: _____

BILLING INFORMATION:

NAME: _____ CARE OF: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING PHONE: _____ BILLING FAX NUMBER: _____

PERMITS TO BE PURCHASED: Fees are determined by the length of time the facility is open and how many pools/spas/features are at a facility. Please answer the following questions to ensure your facility is permitted appropriately. A pool/spa/feature is considered seasonal if use is restricted to May 1st through October 31st. Any pools/spas/feature open beyond this time frame must be marked as year round.

NUMBER OF ANNUAL (May 1st to April 30th): POOL(S): _____ SPA(S): _____ WATER FEATURE(S): _____

NUMBER OF SEASONAL (May 1st to October 31st): POOL(S): _____ SPA(S): _____ WATER FEATURE(S): _____

NUMBER OF FLOAT TANK(S) or CABIN(S): _____

CLARK COUNTY PUBLIC HEALTH | 1601 E Fourth Plain Blvd, Bldg 17 | PO Box 9825 | Vancouver, WA 98666-8825
564.397.8428 | F 564.397.8091 | www.clark.wa.gov/public-health/pools-and-beaches
HOURS MT TH F 8am - 4pm / W 9am - 4pm



For other formats, contact
the Clark County ADA Office

Voice 564.397.2322
Fax 360.397.6165

Relay 711 or 800.833.6388
Email ADA@clark.wa.gov