



GLEN D. GILMORE  
Mayor

Division of  
**HEALTH**  
Jeffrey J. Plunkett, *Health Officer*  
*Registrar of Vital Statistics*

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TELEPHONE  
(609) 890-3820 *Administration*  
(609) 890-3826 *Vital Statistics*  
(609) 890-3828 *Environmental and  
Consumer Health*  
(609) 890-3884 *Nursing*  
(609) 890-3825 *Animal Control*

**APPLICATION TO OPERATE A SWIMMING POOL**

**NAME OF THE POOL** \_\_\_\_\_

**ADDRESS/LOCATION OF POOL** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**OWNERS NAME** \_\_\_\_\_

**OWNERS ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**OPENING DATE:** \_\_\_\_\_ **CLOSING DATE:** \_\_\_\_\_ **OPERATING HOURS :** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM**

**TYPE OF POOL:** PUBLIC \_\_\_\_\_ **CLUB** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**CERTIFIED POOL OPERATOR (C.P.O.):** \_\_\_\_\_ **C.P.O. NUMBER** \_\_\_\_\_

**C.P.O. ADDRESS:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**LIFEGUARD NAME** \_\_\_\_\_ **CERTIFICATION #** \_\_\_\_\_

**LIFEGUARD ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**LIFEGUARD NAME** \_\_\_\_\_ **CERTIFICATION #** \_\_\_\_\_

**LIFEGUARD ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED SWIMMING POOL IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER IX OF THE NEW JERSEY STATE SANITARY CODE ENTITLED "PUBLIC RECREATIONAL BATHING" .**

**OWNER** \_\_\_\_\_

**DATE** \_\_\_\_\_

