



Aquatic Facility Compliance Agreement Form

One request form is required for each proposed compliance agreement.

Business Information			
Aquatic Facility Name		Owner Name	
Physical address of business City, State, Zip Code			
Phone number		Email	

Certified Pool Operator's Contact Information			
Full Name			
Phone number		Email	

List the Code Citation number and code language for which the applicant is requesting a compliance agreement.

Describe why applicant is unable to comply with the code section at this time.

What is the duration of the requested compliance agreement?

Describe how the intent of the code will be met and the reasons why the public health or safety would not be jeopardized for the duration of the compliance agreement.

Provide a full description of any policies, procedures, or equipment that the applicant proposes to use to rectify any potential increase in health or safety risks created by granting the compliance agreement.

Are pictures, drawings, quotes, or equipment specification sheets attached to this request? Yes No

Owner Signature		Date	
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Health Department Use Only

Environmental Health Specialist Review		Date	
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Recommendation	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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Comments

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Program Manager Review		Date	
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Recommendation	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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Comments

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