

Annual Public Swimming Pool Registration*

There is NO FEE required. This is an annual registration of pool operators/property managers.

Name of Pool: _____

Location: _____

Pool Operator/Property Management Information:

Name: _____

Certified Pool Operator (CPO) on Staff: Yes No

Mailing Address: _____

Phone Number: _____

Projected Dates of Opening: _____

Hours of Operation: _____

Please complete and return the above information to:
Wallingford Health Department, Wallingford Town Hall
45 South Main Street, Room #215
Wallingford, CT 06492
Or Fax: (203) 294-2064
health@wallingfordct.gov

*CT Public Health Code, 19-13-B33, defines "Public Pool" as an artificial basin constructed of concrete, steel, fiberglass or other material...which is not used at a single-family residence.

The requested information will allow us to contact the required property management or association in a timely manner in the event that a public health issue occurs. Periodic inspections will be conducted throughout the pool season to ensure a safe and healthy environment. For additional information call (203) 294-2065.