

# Form: Notification of Opening: Wading Pool | Splash Pad | Flotation Tank | Spa

## Owner information

**Submit form 14 days prior** to opening date by fax or email

**All sections of form required**

**1** Name of recreational water facility \_\_\_\_\_

Address (911) \_\_\_\_\_

City or town \_\_\_\_\_ Postal code \_\_\_\_\_

Premises owner name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (911) \_\_\_\_\_

City or town \_\_\_\_\_ Postal code \_\_\_\_\_

Premises operator name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Owner sign off

**I acknowledge** the information I have provided in this Notification of Opening Form is correct and I believe my:

- Wading pool
- Splash pad
- Flotation tank
- Spa,

meets the basic criteria for opening.

**2** Proposed date of opening (mm/dd/yyyy) \_\_\_\_\_

Requested date of opening inspection (mm/dd/yyyy) \_\_\_\_\_

Proposed date of closing (mm/dd/yyyy) \_\_\_\_\_

Owner signature

X

Date (mm/dd/yyyy) \_\_\_\_\_

**Note:** Immediately notify Huron Perth Public Health in writing of any changes to the information in this form.

## Personal information

**3** The personal information on this form is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H. 7. It will be used for ownership identification and enforcement of the Act and its applicable Regulations.