



## ADMINISTRATIVE CHANGE FORM PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA

### FACILITY INFORMATION

1. Facility Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Facility Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

### OWNER'S INFORMATION

6. OWNERS Name\*: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Email Address: \_\_\_\_\_
10. Owner Signature: \_\_\_\_\_

### BILLING/MAILING INFORMATION

12. CONTACT Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
13. Management Company/Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
14. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
15. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
16. Email Address: \_\_\_\_\_

Email to [Poolinspection@mail.maricopa.gov](mailto:Poolinspection@mail.maricopa.gov)

\*Owner listed should match what is listed for your business license and tax id.