

**ENVIRONMENTAL SERVICES  
DEPARTMENT**

Andrew Linton, CPM, R.S., Interim Director  
1001 N. Central Avenue  
Phoenix, AZ 85004 - 1937



**WATER AND WASTE MANAGEMENT  
DIVISION**

Kevin S. Chadwick, PE, Division Manager  
1001 N. Central Avenue, Suite 200  
Phoenix, AZ 85004 – 1937 Fax (602) 506-1837

**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.*