

# AQUATIC FACILITY PROFILE CHANGE FORM

**PR NUMBER(S) AFFECTED** (look on your license or license application; each pool or spa has a separate number): \_\_\_\_\_

## CHANGE OF OWNERSHIP

**DATE OWNERSHIP CHANGED:** \_\_\_\_\_

**NEW OWNER:** \_\_\_\_\_

**TAX ID #:** \_\_\_\_\_

**NEW OWNER'S MAILING ADDRESS:** \_\_\_\_\_

**NEW OWNER'S PHYSICAL ADDRESS:** \_\_\_\_\_

## CHANGE OF OWNER'S ADDRESS

**NEW MAILING ADDRESS:** \_\_\_\_\_

**NEW PHYSICAL ADDRESS:** \_\_\_\_\_

## CHANGE OF EMERGENCY CONTACT'S NAME, ADDRESS OR PHONE NUMBER(S)

**NAME OF EMERGENCY CONTACT:** \_\_\_\_\_

**NEW MAILING ADDRESS:** \_\_\_\_\_

**NEW PHYSICAL ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **ALTERNATE: PHONE #:** \_\_\_\_\_

**NAME OF PERSON COMPLETING THIS FORM:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NUMBER** (in case we need to contact you for clarification): \_\_\_\_\_

*Please return: by mail to Columbus Public Health, Water Protection Program, 240 Parsons Ave, Columbus, OH 43215, or by fax to 614-645-7155*

