

**ENVIRONMENTAL SERVICES
DEPARTMENT**

Darcy Kober, R.S., Director
602-506-6616



**WATER AND WASTE MANAGEMENT
DIVISION**

Eric Matson, PE, Division Manager
Poolinspection@Maricopa.gov

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

FACILITY INFORMATION

1. **Facility Name:** _____
2. **Pool Address:** _____ **City:** _____ **Zip:** _____
3. **Facility Contact Name:** _____ **Phone #:** _____
4. **Email Address:** _____

OWNER'S INFORMATION

5. **OWNERS Name* :** _____ **Phone #:** _____
6. **Address:** _____ **FAX:** _____
7. **City:** _____ **State:** _____ **Zip:** _____
8. **Email Address:** _____
9. **Owner Signature: (Please type)** _____

BILLING/MAILING INFORMATION

10. **CONTACT Name:** _____ **Phone #:** _____
11. **Management Company/Agent Name:** _____ **Phone #:** _____
12. **Address:** _____ **FAX:** _____
13. **City:** _____ **State:** _____ **Zip:** _____
14. **Email Address:** _____

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

Email to Poolinspection@Maricopa.gov or click on the Submit button.