

Notification to Open/Re-Open a Recreational Water Facility Form

OPERATOR	First Name		Last Name							
	Phone #	Fax #	Email							
OWNER	First Name		Last Name							
	Phone #	Fax #	Email							
FACILITY NAME and ADDRESS		<i>Please check the type of facility to be inspected</i>			INSPECTION REQUEST FOR			PLANNED OPENING		
					DD	MM	YY	DD	MM	YY
		<input type="checkbox"/> Class A Pool <input type="checkbox"/> Class B Pool <input type="checkbox"/> Spa <input type="checkbox"/> Splash Pad <input type="checkbox"/> Wading Pool <input type="checkbox"/> Other								
		<input type="checkbox"/> Class A Pool <input type="checkbox"/> Class B Pool <input type="checkbox"/> Spa <input type="checkbox"/> Splash Pad <input type="checkbox"/> Wading Pool <input type="checkbox"/> Other								
		<input type="checkbox"/> Class A Pool <input type="checkbox"/> Class B Pool <input type="checkbox"/> Spa <input type="checkbox"/> Splash Pad <input type="checkbox"/> Wading Pool <input type="checkbox"/> Other								
		<input type="checkbox"/> Class A Pool <input type="checkbox"/> Class B Pool <input type="checkbox"/> Spa <input type="checkbox"/> Splash Pad <input type="checkbox"/> Wading Pool <input type="checkbox"/> Other								
		<input type="checkbox"/> Class A Pool <input type="checkbox"/> Class B Pool <input type="checkbox"/> Spa <input type="checkbox"/> Splash Pad <input type="checkbox"/> Wading Pool <input type="checkbox"/> Other								

You can reach a public health professional on weekdays between 8:30 a.m. and 4:30 p.m. by calling 705-721-7520, or 1-877-721-7520.
 Or you can email your question using our [online form](#) and receive a response within three working days.

Personal information on this form is collected under the authority of the Health Protection and Promotion Act (HPPA) for the purpose of processing an application made under Section 5 of the HPPA.