



JOHN P. ZUPPE  
DIRECTOR OF PUBLIC HEALTH

# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

## POOL RENEWAL

### INDOOR / OUTDOOR WHIRLPOOL

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF POOL: \_\_\_\_\_

ADDRESS OF POOL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

OWNER NAME - IF DIFFERENT FROM THE CONTACT PERSON:

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEE: \$165.00 EACH POOL/WHIRLPOOL – CHECKS PAYABLE TO THE CITY OF WALTHAM

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Permit – Issued/Mailed \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

119 School Street, Waltham, MA 02451  
PHONE: 781-314-3305 FAX: 781-314-3319