

**ENVIRONMENTAL SERVICES  
DEPARTMENT**

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



**WATER AND WASTE MANAGEMENT  
DIVISION**

Kevin S. Chadwick, PE, Division Manager  
Poolinspection@maricopa.mail.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@mail.maricopa.gov](mailto:Poolinspection@mail.maricopa.gov) or click on the Submit button.