HOUSTON HEALTH DEPARTMENT

Verification of Ownership

Ownership Information

Ownership Name _____

As it appears on W-9

Ownership Address _____

Street/PO Box | City | State | Zip

Establishment Info _____

Name and Address

Management Company Information

Company Name _____ **Date** _____

Address _____

Street/PO Box | City | State | Zip

Main Phone Number _____ **Email Addresses** _____

Check all that apply: ☐ Pool ☐ Spa ☐ Wading Pool ☐ PIWF

Primary Contact Information (Permits will be mailed to this address)

Mailing Address _____

Street/PO Box | City | State | Zip

☐ Same as Ownership ☐ Same as Management

Email Addresses _____

All email addresses where invoices, inspection reports, and general information should be sent

Phone Number _____

Certification

I certify that I represent the above-mentioned company and the information provided is true and accurate. Permits are non-transferrable for change of ownership and the operator is responsible for notifying the Health Department within 30 days of the occurrence. Failure to submit an amendment to the permit will result in enforcement actions and permit to become void.

Name | Title | Signature | Date

Form must be submitted prior to preopening inspections or during a change of ownership.

NOTE: Please keep a copy onsite for your records. Form can be e-mailed to pools@houstontx.gov

Rev06152021