



## Verification of Ownership

### Ownership Information

Ownership Name  
& Date listed on  
W-9

As it appears on W-9

Ownership Address

Street/PO BOX

City

State

Zip

Establishment Info

Name and address of facility where pool is located

### 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 must be provided to the inspector upon completion.**



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HOUSTON HEALTH DEPARTMENT

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DEPARTMENT