

HEALTH DEPARTMENT P.O. BOX 469002 GARLAND, TX 75046-9002 Office: 972-205-3460

Fax: 972-205-3505

SWIMMING POOL PERMIT APPLICATION

Invoice Number:		Invoice Date:		
Issue Date	Exp. Date	Receipt #	Received By	
# of Pools/Spas at \$200 each				
Discount Amount				
		Invoice Amount		

HEALTH DEPARTMENT USE ONLY

		invoice F	Amount
NCOMPLETE APPLICATIONS WILL NO	OT BE PROCESSED.		
	PROPERTY INFORMA	ATION	
Property Name:			
Property Address:			
City/State:	Zip:	Work Phone:	
	BILLING ADDRES		
	DILLING ADDAL.	55	
Name:			
Address:			
City/State	Zip:	Work Phone:	
PLEASE CHECK ONE P	PROPERTY MANAGER <u>PERS</u>	ONAL INFORMATION	
	HOA REPRESENTATIVE <u>PER</u>	SONAL INFORMATION	
All information in this section must be			
Failure to comply may delay issuance		ger of HOA Representative.	
Manager Name to Appear on Permi	•		
Home Address:			
City/State:	Zip:	Home Phone:	
Driver's License:	Date of Birth:	Race:	Sex:
I hereby certify that the above information	is true and accurate to the best of my		all provisions of the City
, mercey servey, serve	of Garland Pool Code		, ,
P	roperty Manager or HOA Represen	 ntative Signature	<u> </u>
	HEALTH DEPARTMENT OFFICE		
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