

CITY OF BAYTOWN



HEALTH DEPARTMENT

Environmental Health, Mosquito Control, Neighborhood Protection,
Stormwater, and Animal Services

220 W. Defee
P.O. Box 424
Baytown, Texas 77522-0424
Phone: (281) 420-5384
Fax: (281) 420-7184

Name of organization: _____ Phone: _____

Street Address: _____

Mailing Address: _____ City, State & Zip: _____

Owner (contact person if corporation)

Name: _____ Address: _____

City, State & Zip: _____ Telephone #: _____

Operator Name: _____ **Address:** _____

City, State & Zip: _____ TDL #: _____

Date of Birth: _____ Telephone #: _____

Contact e-mail address: _____

Pool Information: # of pools _____ X \$100.00 = _____ License Fee

PLEASE ATTACH A LAYOUT OF THE PROPERTY SHOWING POOL LOCATIONS AND # THE POOLS TO MATCH WITH THE INFORMATION YOU ARE PROVIDING BELOW.

Date of Construction of Pool(s):

Pool # 1 _____ Pool #2 _____ Pool #3 _____ Pool #4 _____

Date of construction of Enclosure(s)

Pool # 1 _____ Pool #2 _____ Pool #3 _____ Pool #4 _____

Any modifications: (include which pool and dates, if any)

OFFICE USE ONLY

Check #	_____	Date Application Accepted	_____
Fee Paid	\$ _____	Date License Issued	_____
Date Paid	_____	Initials	_____

License expire March 1st of each year

NOTICE

With few exceptions, you are entitled, on request, to be informed about the information that the City of Baytown collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the City of Baytown correct information about you that is incorrect.