

# 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 1<sup>st</sup> 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.