



Town of Wallingford Health Department

45 South Main Street, Room 215, Wallingford, CT 06492
Phone: 203-294-2065; Fax: 203-294-2064
Email: healthclerk@wallingfordct.gov



Annual Public Swimming Pool Registration*

There is NO FEE required. This is an annual registration for Pool Operators / Property Managers.

Please complete and return this registration form to the Wallingford Health Department.

Date: _____

Name of Pool: _____

Pool Address: _____

Pool Location on Premises: _____

Dates & Hours of Operation: _____

Property Management Information:

Name: _____

Mailing Address: _____

Phone Number: _____

Pool Operator Information:

Certified Pool Operator (CPO) onsite?

 Yes No

Contact Name for Access for Inspections: _____

Contact Phone Number for Access for Inspections: _____

VGB Safety Act Information (See Attached):

Manufacturer Name: _____ Year Installed: _____

*CT Public Health Code, 19-13-B33, defines "Public Pool" as an artificial basin constructed of concrete, steel, fiberglass, or other material...which is not used at a single-family residence.

The requested information will allow us to contact the required property management or association in a timely manner in the event that a public health issue occurs. Periodic inspections will be conducted to ensure a safe and healthy environment. For additional information call (203) 294-2065.



Public Health
Prevent. Promote. Protect.