

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

POOL INFORMATION SHEET

ALL POOL PERMITS EXPIRE EVERY YEAR ON JUNE 30 – this form is needed, filled & returned
Your information must be kept up-to-date in writing – always verify by reviewing any invoice from us

If paying by **Mail** - Fill completely & return this form. We will update, process any payment & mail your permit.

If paying **On-Line** – Before you pay - Mail or FAX (407) 742-8601 this form to update your account - Keep in mind that if You Pay Online - You Print Your Permit from the on-line site - we do not get a copy to mail.

**** On-Line users please remember to save your user & password since we do not have access ****

Permit # 49 - 60 - _____ Location Phone # _____

Facility/Pool Name: _____

Location/ADDRESS: _____

CITY: _____ ZIP: _____ Fax: _____

Contact/Manager: _____ Email: _____ @ _____

OWNED BY: _____ Send Mail Here: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact/Title: _____ Email: _____ @ _____

Management Company Information Send Mail Here _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact/Title: _____ Email: _____ @ _____

Entrance Gate Code: _____ Pool Area Code/Combination: _____

Contact: _____ Cell # _____ Vak/Pak: _____

Pool Company: _____ Phone: _____

_____ Address _____ City _____ Zip _____

CPO Name: _____ **Cell:** _____

Email: _____ @ _____

Florida Department of Health Department in Osceola County, Environmental Health

1 Courthouse Square #1200, Kissimmee, Florida 34741

<http://www.Osceola.floridahealth.gov>