

PUBLIC POOL RE-OPENING

NOTIFICATION

(Please Print Clearly)

I, _____ hereby notify the Medical Officer of Health, City of
(Name of owner/operator)

Ottawa, of my intention to re-open _____ located at
(Pool name)

_____ on _____
(Full Address) (Date)

The above class _____ will be operated by _____
(“A” or “B”) (Name)

(Full Address)

Owner’s Name

Owner/Operator signature

Telephone No.

COMMENTS: _____

For the most prompt action by Ottawa Public Health, Public Health Inspection Branch, please submit at **least 2 weeks** in advance of intended opening date. Please submit attention to **Public Health Inspector, 100 Constellation Drive, 8th floor East, Ottawa, ON, K2G 6J8 or by fax at 613-580-9648**

This information is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.5, s.10 for the purpose of inspecting and making recommendations regarding the operation of public pools in the City of Ottawa. Any questions should be directed to the Program Manager, Public Health Inspection Branch.