BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

NOTIFICATION OF OPENING RECREATIONAL WATER FACILITY

(New or Altered)

Facility Name _____

Facility Address _____

Facility Phone # _____

Pool is: Indoor ☐ Outdoor ☐

Class A ☐ Class B ☐ Class C ☐ (wading pool, splash pad, waterslide receiving basin)

Spa is: Indoor ☐ Outdoor ☐

Please provide the business contact information:

Business / Owner Name _____

Business Address _____

Business Phone # _____

Business Email Address _____

Operator Name _____

Mailing Address _____

Operator Phone # _____

Operator Email Address _____

Planned Opening Date _____

Building Permit # _____

Please fill in all information above
and return this form 14 days prior to the planned opening date.
Return this form to the Middlesex-London Health Unit by email inspections@mlhu.on.ca,
mail: Suite 110, 355 Wellington St, London, ON N6A 3N7 or by fax (519) 663-9276

London Office
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health@mlhu.on.ca

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