

**NOTIFICATION OF RE-OPENING
RECREATIONAL WATER FACILITY**
(after 4 weeks or more of closure)

Facility Name _____

Facility Address _____

Facility Phone # _____

Pool is:	Indoor	<input type="checkbox"/>	Class A	<input type="checkbox"/>	
	Outdoor	<input type="checkbox"/>	Class B	<input type="checkbox"/>	
			Class C	<input type="checkbox"/>	(wading pool, splash pad, waterslide receiving basin)

Spa is:	Indoor	<input type="checkbox"/>
	Outdoor	<input type="checkbox"/>

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 _____

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