



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

Dear Applicant;

Enclosed, is your application to operate a swimming pool. This must be submitted, and inspected by the health agent before your pool can be opened. Fill out the form and return it with a check for \$75.00. Please call Janice McCarthy at 781-871-0154 ext. 150, seven (7) to ten (10) days before you are ready to open the pool to make an appointment with her for inspection.

Should you have any question please call me at 781-871-0154 ext. 152.

Sincerely,

Delshaune Flipp
Administrative Assistant



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Application to Operate a Swimming Pool

Corporation of Individual

for the operation of _____
(Public, Semi-Public, or Special Purpose Pool)

at _____
Address

Method of water treatment is _____.

Bathing load not to exceed _____ bathers.

Number of lifeguards required at all times the pool is open _____.

Name of Certified Pool
Operator _____.

Phone number of Certified Pool
Operator _____.

Contact Person:
_____.

Contact Person Phone Number:
_____.

FID# _____

Signature of
Applicant _____ Date _____