



**Health Services Renewal
Public Pool Application**

PHONE 214.831.5358 EMAIL: healthsvcs@annatexas.gov

Health Services * 312 N Powell Pkwy Anna, Texas 75409

Business Owner Information:

Date _____ Tax ID # _____
Name _____ Business Phone _____
Name of Business _____ Business Owner Name _____
Business Address _____
Suite _____ Zip Code _____

Mailing Information:

Name _____ Phone _____
Mailing Address _____ City _____
State _____ Zip Code _____

Property Owner Information:

Name _____ Phone _____
Address _____ City _____
State _____ Zip Code _____

General Information:

Gate Code (if applicable) _____
Emergency Contact _____ Phone _____
Name of person holding Certified Pool Operator
Certification _____ Expiration Date _____

Health Permit Information:

Permit # _____ **Pool Application Fee: \$150.00**

Swimming Pool (number of pools) _____