



TOWN OF RIDGEFIELD

Health Department

PUBLIC SWIMMING POOL REGISTRATION FORM

Annual Registration fee: \$100

May 1st, 2025

Pool Name: _____

Address: _____

Phone at Pool: () _____ - _____

Owner: _____

Address: _____

Phone: () _____ - _____

Agent/Contact Person: _____ Title: _____

Home Address: _____

Phone: () _____ - _____ 24 Hour Emergency Phone: () _____ - _____

Email: _____

A person knowledgeable about pool operations and pool water chemistry and testing must be on the premises during all hours of pool operation. List all such persons here:

- (Pool Manager) _____
- _____
- _____
- _____

Is a key or combination lock required for entry to the pool? Yes No

If combination, please provide: _____

Date Season Begins: _____ Date Season Ends: _____

List days and hours of operation:

Hours of Operation

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

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www.ridgefieldct.gov