

INSTRUCTIONS: This form must be completed for all Children's Camps, Temporary Residences, Swimming Pools, Bathing Beaches and Mobile Home Parks operated and/or owned by private corporations or partnerships. One form must be completed for each corporation or partnership involved in the operation or ownership of the facility. This form must be completed and submitted every five years or each time there is a change in officers or partners.

Name	Title	Permanent Mailing Address

Have any of the officers or partners been involved or are presently involved in the operation or ownership of any other facility regulated by the State or a local sanitary code?

Yes No If yes, please list the name(s) and the name of the facility(ies):

Name	Facility	Facility Address

Date Completed _____

Name of Preparer _____

Telephone Number _____

Signature _____