



# Verification of Ownership

## Ownership Information

Ownership Name & Date listed on W-9 (provide a copy)

As it appears on W-9

Ownership Address Street/PO BOX City State Zip

Establishment Info

Name and address of facility where pool is located

## Management Company Information

Company Name Date:

Address Street/PO BOX City State Zip

Main Phone Number Email Addresses

Check all that apply:

- Pool Spa Wading Pool PIWF

## Primary Contact Information (Permits will be mailed to this address)

Mailing Address Street/PO BOX City State Zip

Same as Ownership Same as Management

Email Addresses All email addresses where invoices, inspection reports, and general information should be sent

Phone Number

## Certification

I certify that I represent the above-mentioned company and the information provided is true and accurate. Permits are non-transferrable for change of ownership and the operator is responsible for notifying the Health Department within 30 days of the occurrence. Failure to submit an amendment to the permit will result in enforcement actions and permit to become void.

Name Title Signature Date

Form must be submitted prior to preopening inspections or during a change of ownership at pools@houstontx.gov. NOTE: Please keep a copy onsite for your records. Form must be provided to the inspector upon completion.



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