



**Public Health**  
Prevent. Promote. Protect.

**Public Health – Muskegon County** • 1903 Marquette Ave, Suite S101 • Muskegon, MI 49442  
Main: 231.724.6208 • Fax: 231.724.6674 • [www.muskegonhealth.net](http://www.muskegonhealth.net)

## Pool Inspection Request

**\$125 – 1 pool; \$50 each additional pool at the same location**

Pool Establishment Name:	
Property Address:	Township/City:
Number of Pools at this location:	
Owner’s Name:	Owner’s Phone:
Requestor’s Name/Business Name:	
Address:	City/Zip:
Email:	Phone:
Season of operation: _____ to _____	
Facility contact for scheduling or questions (name/phone):	

Return payment and completed **Pool Inspection Request** form to:

***Mailing Address:***

Public Health – Muskegon County  
1903 Marquette Ave, Suite S101  
Muskegon, MI 49442

***Physical Address:***

Public Health – Muskegon County  
1903 Marquette Avenue – Door 23  
Muskegon, MI 49442

***By signing this form, I hereby certify that all of the information provided by me on this form is true to the best of my knowledge and I have read and understand the application instructions. I also understand that there will be a fee for any returned checks as well as a processing fee for any evaluation cancelations. By paying online for the service, I understand that I am signing this agreement electronically, and that my electronic signature is the legal equivalent of my manual signature for the purposes of validity, enforceability and admissibility.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disclaimer Statement: Muskegon County, its departments, boards, offices, agents, and employees, including, without limitation, Public Health-Muskegon County, are not responsible for any loss allegedly due to any act in connection with the service requested.

Date Received	Received By	Amount Paid/Check #	Receipt #
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