

**CITY OF GRAND PRAIRIE  
ENVIRONMENTAL SERVICES  
P.O. Box 534045 Grand Prairie, Texas 75053-4045  
972-237-8055 FAX: 972-237-8228**

**SWIMMING POOL AND SPA OWNER VERIFICATION**

\*\*This form is due annually on April 30<sup>th</sup> and incomplete forms will not be processed\*\*

Name of Property (d.b.a.) \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Phone \_\_\_\_\_

**Owner's Full Name or Authorized Corporate Representative Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

**STATE** \_\_\_\_\_ **DL#** \_\_\_\_\_ **DOB** \_\_\_\_\_  
(Mo) (Day) (Yr)

**Address (other than property)** \_\_\_\_\_  
(street address) (city) (state) (zip)

**Phone # (other than property)** \_\_\_\_\_

I attest that the information provided above is true and accurate. I agree to comply with the City of Grand Prairie Swimming Pool/Spa Code. I understand that failure to do so may result in suspension or revocation of the permit(s). The failure to provide complete, accurate information, or to provide updated information upon any changes, shall be considered a violation of this article and may cause the permit to be denied, suspended, or revoked. The regulatory authority may also apply the enforcement remedies afforded under Grand Prairie Ordinance Section 13-449.

**Signature** \_\_\_\_\_ **Date of application** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
(Date)

by \_\_\_\_\_  
(Owner Name or Authorized Representative)

(Personalized Seal)

Notary Public's Signature