



SWIMMING POOL DRAINAGE PERMIT

This Permit is for Pool Drainage **only**. Refilling of pool can be done only on **days and times** allowed under the current Water Restrictions.

DATE OF POOL DRAINAGE: _____

PROPERTY OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

POOL SERVICE COMPANY (if applicable): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FOR OFFICE USE ONLY

APPROVED BY: _____

DATE: _____

CAL WATER NOTIFIED: _____ BY: _____

POLICE DEPT. NOTIFIED: _____ BY: _____