



Story County Environmental Health
 900 6th Street
 Nevada, Iowa 50201
 Phone: (515) 382-7240
 Email: Healthweb@storycountyiowa.gov

Form 64-19-001 Aquatic Facility Designated Signee

Facility Information

Name		State Registration Number	SP85-
Address			
City	State	Zip	

Designated Signee 1

Name		
Title		
Address		
City	State	Zip
Phone	Email	

Designated Signee 2

Name		
Title		
Address		
City	State	Zip
Phone	Email	

Billing If you require invoices to be directed elsewhere, please include that information here.

Name		
Title		
Address		
City	State	Zip
Phone	Email	

NOTIFICATION OF DESIGNATED SIGNEE. Aquatic facilities shall designate a person or persons the Inspection Agency is authorized to send official correspondence to on behalf of the facility owner. Form 69-19-001 shall be completed and submitted to the Inspection Agency on an annual basis. For Year-round operating facilities between January 1st and January 15th of each year; for seasonal operating facilities between May 1st and no later than 7 days prior to opening for the season of each year. Any change to the submitted information shall be submitted to the Inspection Agency within 10 days of the change.