



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.