

# INVOICE

For Pre-Opening Inspection of Pools / Spas

County: [Click here to enter text.](#)

Date of Inspection: [Click here to enter a date.](#)

Name of Establishment (Pool or Spa): [Click here to enter text.](#)

Location of Establishment: [Click here to enter text.](#)

Pre-Opening Inspection Fee: \$ [Click here to enter text.](#)

Signature of Sanitarian \_\_\_\_\_

Email to: [hhsfcs@mt.gov](mailto:hhsfcs@mt.gov)

Fax to: (406) 444-5055

Mail to: DPHHS / EHFS  
PO Box 202951  
Helena MT 59620-2951

DPHHS/EHFS initials \_\_\_\_\_