

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

Fax to: (406) 444-5055

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

DPHHS/EHFS initials _____