Department of Health

Center for Drinking Water Quality

 Three Capitol Hill

Providence, RI 02908-5097
 222-6867

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www.health.ri.gov

**IN-KIND REPLACEMENT -- AQUATIC VENUE EQUIPMENT**

 *(One form is required for each venue.)*

|  |  |
| --- | --- |
| Applicant |  |
| Name of authorized agent if applying on behalf of a corporation or municipality |  |
| Mailing address (street/PO box) |  |
| City/town |  |
| State & zip code |  |
| Telephone number |  |
| E-mail address |  |
| Facility name |  |
| Facility license number | SWM- |
| Physical address of aquatic venue | Street name and number |  |
| City/town |  |
| Venue type |  □ Swimming □ Therapy □ Wading □ Other:  |
| Venue location |  □ Indoor □ Outdoor □ Combination |
| Bather type*(select all that apply)* |  □ Children ages 0-12 □ Youth ages 13-17 □ Adults □ Ages 65+ |
| Lifeguards |  □ Present at all times that the aquatic venue is open  □ Not present at all times that the aquatic venue is open |
| Item description | Existing item – make and model | Replacement item – make and model |
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| *The following documents must be submitted with this form. Incomplete application packages will be returned to the applicant.* |
|  □ Specification sheets for all replacement components. □ Proof of NSF certification for all replacement components □ Signed ADA acknowledgement form |
| Signature  |  |
| Date |  |

Form version 4-24-2019