Department of Health

Center for Drinking Water Quality

Three Capitol Hill

Providence, RI 02908-5097  
 222-6867

TTY: 711

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