



2024 POOL BONDING INSPECTION

NAME OF MOTEL OR CONDO ASSOC.: _____

PROPERTY ADDRESS: _____

BLOCK _____ LOT(S) _____

NAME OF CONTACT PERSON: _____ PHONE: _____

EMAIL ADDRESS: _____

BILLING ADDRESS: _____

NUMBER OF POOLS (HOT TUBS, SPAS) ON PREMISES: _____

.....
PAYMENT AMOUNT \$65.00 FOR FIRST POOL/ \$45.00 EACH ADDITIONAL POOL

MAKE CHECK PAYABLE TO BOROUGH OF WILDWOOD CREST

.....
*****OFFICE USE ONLY*****

PAYMENT REC'D (DATE) _____ REC'D BY _____ CHK NO. _____ CASH _____

DATE OF INSPECTION: _____

5 YR CERTIFICATE EXPIRATION DATE: _____

PASSED

FAILED

INSPECTOR

DATE _____

DATE _____
