



Stanstead

FORM
DECLARATION OF ABOVE-GROUND
POOL REMOVAL

Location of the pool

Address :
Date of removal :

Owner

Last and first name : _____
Phone 1 : _____ Phone 2 : _____
E-mail : _____
Address : _____
Town : _____ Province / State : _____ Postal Code : _____

Declaration :

The undersigned declares that the above information is accurate and complete, that the above ground pool as in fact been removed and commits to not installing another pool within the same year.

Signature : _____ Date : _____

- Please submit your permit request in person at the Town front office or by email:
info@stanstead.ca