City of El Mirage
Building Safety
10000 N. El Mirage Rd., El Mirage, AZ 85335
Phone: 623-972-8116, TDD 933-3258
www.elmirageaz.gov

SWIMMING POOL AFFIDAVIT

Barrier Requirements per A.R.S. § 36-1681

Please Type or Print

Date: _____

Property Address:_____

Name of Property Owner: _____

[ ] NO child under the age of six years of age resides at this address. I understand I am responsible to provide primary barriers to that part of my property enclosing the pool.

[ ] A child UNDER the age of six years of age resides at this address. I understand I must provide primary and secondary barriers to that portion of my property enclosing the pool.

_____ _____

Name of Home Owner (Print) Home Owner Signature Date

SIGNATURE OF HOME OWNER MUST BE NOTARIZED

State of Arizona)
County of Maricopa)

On this _____ day of _____, 20_____, before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to in this document, and who acknowledged that he/she signed the above/attached document.

_____
Notary Public

My commission expires on: _____ (Seal)

03/14/2011