Town of Wickenburg

Community Development Department
155 North Tegner St., Ste. C
Wickenburg, Arizona 85390
(928) 684-5451

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 _____)

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)