

Certification of Contracted Services

I hereby certify that I have contracted the services of _____
to assist in the preparation and submission of plans, applications, and calculations to the
Southern Nevada Health District.

Project Name: _____

Project Address: _____

Pool Contractor: _____

**Pool Contractor
Address:** _____

**Pool Contractor
Telephone:** _____

Signature: _____

Title: _____

Printed Name: _____

Date: _____