Change of Ownership Statement
Schools

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Complete and submit this form to communitysafety@tpchd.org and you will be sent an invoice for an application processing fee. Or mail your application and processing fee of $240 to 3629 S. D St. MS 1142, Tacoma, WA 98418.

Date of Ownership Change _____ Opening Date_____

Current School Name_____

New School Name (if applicable) _____

UBI Number (please provide a copy of your business license) _____

Site Address _____ Site Phone _____

City _____State _____Zip _____

New Owner Name(s) _____

Owner Address_____ Owner Phone _____

City _____State _____Zip _____

Email Address_____

Do you own other schools in Pierce County? ☐ Yes ☐No

Will you change the building or playground, make additions, or change the school's use?

☐ Yes—plan review application required ☐ No

Initial next to each statement below to indicate you have read and understand.

_____ My facility will receive regular inspections by Tacoma-Pierce County Health Department.

_____ I may need to make changes or improvements.

_____ My facility may be closed if changes or improvements are not made by the date listed.

_____ I may need to make changes that were not required of the previous owner.

_____ Any changes must be approved in writing by Tacoma-Pierce County Health Department.

Owner First and Last Name (please print)_____

Owner or Representative Signature _____ Date _____

HEALTH DEPARTMENT USE ONLY

Consult by: _____ Date: _____ Current Facility ID:_____

School PE Required: _____ Plan Review Required: ☐ Yes ☐ No

Notes:_____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.