



Natural Swimming Area Closure Notification

Today's date: _____

Name of swimming area: _____

Name and title of reporting party: _____

Phone number of reporting party: _____

E. coli sample test results: _____ Sample date: _____

Has the local or county health department been contacted? _____

Known or suspected cause of elevated *E. coli* levels: _____

Additional comments: _____

Natural Swimming Area Re-Opening Notification

Today's date: _____

Name of swimming area: _____

Name and title of reporting party: _____

Phone number of reporting party: _____

E. coli sample test results: _____ Sample date: _____

Additional comments: _____

Please email this form to: mandy.mercer@state.co.us