



Ohio Department of Health Sewage Treatment Systems Program

2016 Contractor Contact Information
for Installers, Septage Haulers and Service Providers

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City

State

Zip Code

Company Mailing Address (if different from Above)

City

State

Zip Code

Company Owner

Company Representative (if different from Owner)

Company Phone Number

Additional Contact Phone Number

Company Fax Number

Company E-mail

Please check all registration categories that apply to your company's business for 2016:

- Installer Service Provider Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2016?

- Yes No

If Bonded for only a Single System in 2016, list the County where work will be performed: _____

Please list (below) all of the County or City Health Districts that you registered with in 2015:
