

Warren County Combined Health District

416 South East Street
Lebanon, Ohio 45036
513-695-1220

Registration Fee: \$**80.00**

REGISTRATION APPLICATION FOR **SERVICE PROVIDER**

I _____ residing at _____

_____ hereby apply for registration as a Service

Provider for Sewage Treatment Systems in the Warren County Combined Health District.

BUSINESS NAME AND ADDRESS _____

Phone Number _____ Fax Number _____

Cell Phone Number _____ Email _____

I agree to comply with Ohio Administrative Code 3701-29 and the Warren County Combined Health District Board of Health Rules and Regulations pertaining to household sewage treatment systems.

I have a copy of the Rules and Regulations and understand the provisions contained therein.

Date _____

Signature of Applicant

***** REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR *****

Registration No. _____
(Office Use Only)

Approved by: _____
(Office Use Only)