

**Ohio Department of Health  
Sewage Treatment System Program  
Installer, Septage Hauler and Service Provider  
Contact Information**

**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:

- Installer     Service Provider     Septage Hauler

Please list the county where the company is located

Are you registered to work in this county?  Yes     No

Please list all other Counties registered to work:

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