

**SIDNEY-SHELBY COUNTY
GENERAL HEALTH DISTRICT**

**APPLICATION FOR 2010 REGISTRATION AS A SEWAGE TREATMENT SYSTEM
SERVICE PROVIDER**

I hereby apply for a registration to service sewage treatment systems in the Sidney-Shelby County General Health District for the year 2010. I agree to abide by all the rules and regulations the Sidney-Shelby County Health District, the Ohio Revised Code under penalty of possible suspension or revocation of this registration.

NAME OF REGISTRANT

NAME OF BUSINESS

ADDRESS CITY STATE ZIP

OFFICE PHONE CELL PHONE FAX

APPLICANT'S SIGNATURE DATE

DUE DEC. 31, 2009

A fee of \$150.00 and original copy of a \$25,000 bond for Sewage Treatment System Service Provider must accompany this application. A 25% penalty fee will be assessed if the application and fee are not received by the due date.



Mail application to: Sidney-Shelby County Health Department
202 W. Poplar St., Sidney, OH 45365

* * * * * **OFFICE USE ONLY** * * * * *

TOTAL PAID: _____ REGISTRATION #: _____

DATE PAID: _____ APPROVED: _____ DISAPPROVED _____

RECEIPT #: _____
SANITARIAN DATE

B4
07/28/2009