



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

CONTRACTOR REGISTRATION - SEPTIC

Valid January 31, 2014 through January 31, 2015

Business Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____
(For Health Department use only)

Telephone #: _____ Fax #: _____

Mobile #: _____ Pager#: _____

Owner Information:

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____
(For Health Department use only)

Telephone #: _____ Fax #: _____

Mobile #: _____ Pager: _____

Category of Registration: Please check one

Category 1 Gravity only – bond \$10,000 Category 2 Gravity plus all other system types – bond \$20,000

Surety Bond Information: (Payable to ST. JOSEPH COUNTY HEALTH DEPARTMENT)

Policy #: _____ Amount of bond: \$ _____

Insurance Carrier and Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

FOR OFFICE USE ONLY!

CONTRACTOR ID#: _____ TRANSACTION #: _____

DATE ISSUED: _____ SURETY BOND EXPIRES: _____

ISSUED BY (surety bond made payable to St. Joseph County Health Department?): _____