



**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, 2009 through January 31, 2010**

**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?): \_\_\_\_\_