

CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH

5550 Venture Drive
Parma, Ohio 44130
Phone - (216) 201-2020
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www.ccbh.net

2010 APPLICATION FOR SEWAGE TREATMENT SYSTEM SERVICE PROVIDER REGISTRATION

In accordance with the Cuyahoga County Board of Health Sewage Rules, anyone performing the services of a sewage system service provider within the jurisdiction of the Cuyahoga County Board of Health is required to register with this office on a yearly basis. An annual registration fee of **\$225.00** is required.

THIS REGISTRATION EXPIRES ON DECEMBER 31ST OF EACH YEAR

Business Name _____ Business Phone _____
Business Address _____ Fax Number _____
City _____ Zip Code _____
Owner/Representative _____ Home Phone _____
E-mail Address _____ Cell Phone _____
Owner's/Representative's Home Address _____
City _____ Zip Code _____
Number of Employees Servicing Sewage treatment Systems _____
Signature _____ Date _____

Make Checks Payable to the Cuyahoga County Board of Health
Fee is Non Refundable

ALL RETURNED CHECKS WILL BE CHARGED A PROCESSING FEE OF TEN DOLLARS (\$10.00)

**

OFFICE USE ONLY

Date Issued _____ Registration No. _____ By _____

Log-in number S - _____ Amount Paid _____

