



**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

# St. Joseph County Department of Health

*"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."*

## CONTRACTOR REGISTRATION - SEPTIC

Valid until January 31st

### Business Information:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Owner Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### 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 DEPARTMENT OF HEALTH)

Policy #: \_\_\_\_\_ Amount of bond: \$ \_\_\_\_\_

Insurance Carrier and Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### FOR OFFICE USE ONLY!

SERVICE REQ / CONTRACTOR ID#: \_\_\_\_\_ TRANSACTION #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ SURETY BOND EXPIRES: \_\_\_\_\_

ISSUED BY (surety bond made payable to St. Joseph County Department of Health): \_\_\_\_\_