



**Public Health**  
Prevent. Promote. Protect.

# Mahoning County District Board of Health Sewage Treatment System Program Application 2019 Service Provider

**Please complete the following information and submit the appropriate documentation and application fee.**

Company Name \_\_\_\_\_ Registration Number \_\_\_\_\_

Company Owner \_\_\_\_\_

Company Representative (if different from owner) \_\_\_\_\_

Company Street Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Company Phone Number \_\_\_\_\_ Company Fax \_\_\_\_\_

Additional Contact Phone Number \_\_\_\_\_ Company Email \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

**System types and components serviced:** \_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

Sanitarian Approval \_\_\_\_\_ Date \_\_\_\_\_

#### Required Documents for Registration Approval:

- |  |   |
|--|---|
| <input type="checkbox"/> Application and Fee         | <input type="checkbox"/> Proof of Completed Hours |
| <input type="checkbox"/> Test Requirements Passed    | <input type="checkbox"/> Surety Bond Copy         |
| <input type="checkbox"/> General Liability Insurance | <input type="checkbox"/> Proof of Compliance      |

#### Mail Application To:

50 Westchester Drive  
Youngstown, Ohio 44515  
Phone: 1-330-270-2855  
Fax: 1-330-270-2859