



Public Health
Prevent. Promote. Protect.

Mahoning County District Board of Health Sewage Treatment System Program Application 2021 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