HAMILTON COUNTY
PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

250 WILLIAM HOWARD TAFT RD 2ND FL
CINCINNATI, OHIO 45219
PHONE 513.946.7852
FAX 513.946.7925

PLUMBING REGISTRATION FORM

2009
FEE-$100.00

OFFICE USE ONLY

Registration No._____

Fee Paid _____

Receipt No._____

Received By_____

Company _____

Address _____

City, State, Zip _____

Phone No. _____

Owner's name _____

Specialty Contractor **Yes**_____ **No**_____

As a registered contractor with the Hamilton County General Health District, I will abide by Chapter 4101:2-51 of the Ohio Administrative Code and the rules and regulations of the the Hamilton County General Health District. I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked.

_____ _____

Signature of Owner Date