



HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

Plumbing Registration Form 2008 Fee - \$100.00

OFFICE USE ONLY

Registration No. _____

Fee Paid _____

Receipt No. _____

Received By _____

Company _____

Address _____

City, ST, Zip _____

Phone No. _____

Owner's Name _____

Specialty Contractor Yes No

Bond Company _____

Policy 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

Print signed name above

Date