



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 \$25,000 ☐ Category 2 Gravity plus all other system types – bond \$50, 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): _____