



Rec'd by: _____
Date: _____
Receipt #: _____ Amt. \$ _____

Registration Fee is **\$70.00**

BERRIEN COUNTY HEALTH DEPARTMENT

P.O. BOX 706
Benton Harbor, Michigan 49023
Phone: 269-927-5623

REGISTRATION FOR ON-SITE SEWAGE SYSTEM INSTALLER

Name of Business: _____

Address: _____

City/State/Zip: _____ Phone: _____

Name of Owner: _____

Address: _____

City/State/Zip: _____ Phone: _____

Location: County: _____ Township: _____

Area Served: (Counties) _____

Training and/or Experience: _____

LICENSED CONTRACTOR? YES NO

If yes, State: _____ State License No.: _____

LICENSED SEPTAGE HAULER? YES NO

If yes, State: _____ State License No.: _____

LICENSED PLUMBER? YES NO

If yes, State: _____ State License No.: _____

The above information is submitted in accordance with the provisions of Section VIII, of the "Berrien County Sewage Disposal Regulation", State of Michigan.

The undersigned being duly sworn, deposes and says (or affirms) that the statements herein contained are true and accurate.

Date

Owner's Signature