



Mahoning County Public Health Sewage Treatment System Program 2024 Service Provider Application

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