

Warren County Combined Health District

416 South East Street
Lebanon, Ohio 45036
513-695-1220
www.wcchd.com

Registration Fee: **\$32.00/Truck**

Registration for Water Hauler

Name of Business: _____

Address: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Cell Phone Number: _____ E-Mail Address: _____

Tank Truck Description: Year: _____ Make: _____ Capacity (gal.) _____ Vehicle Lic. Plate # _____

Tank Truck Description: Year: _____ Make: _____ Capacity (gal.) _____ Vehicle Lic. Plate # _____

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I agree to comply with the Ohio Private Water Rules, Ohio Administrative Code, Chapter 3701-28-16, governing the hauling of water.

Signature _____ Date _____

*******REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR*******

Registration No. _____
(Office Use Only)

Approved by: _____
(Office Use Only)