

LIVINGSTON COUNTY HEALTH DEPARTMENT

310 E. Torrance Ave., P.O. Box 650 * Pontiac, IL 61764 * 815/844-7174 * Fax 815/842-2408

APPLICATION FOR A LIVINGSTON COUNTY GEOTHERMAL EXCHANGE SYSTEM CONTRACTOR'S REGISTRATION

CALENDAR YEAR 2011

Name of Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Business Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Business Phone: _____

Cell Phone: _____ Fax Number: _____

E-Mail Address: _____

The applicant hereby agrees and acknowledges that he/she full understands that the contractor's registration issued hereunder can be suspended or revoked in accordance with the Livingston County Water Well Permit and Water Supply Ordinance, Section 13, Enforcement Provisions.

Signature of Applicant Date

Fee: \$10.00 - Make check payable to the Livingston County Health Department. All registrations for contractors expire on December 31st of the year of issue and must be renewed annually.

(For agency use only)

Date fee received: _____ Application approved by: _____

Fee received by: _____ Date application approved: _____