

LIVINGSTON COUNTY HEALTH DEPARTMENT

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

PRIVATE SEWAGE INSTALLATION CONTRACTOR/PUMPER REGISTRATION

CALENDAR YEAR 2010

PLEASE CHECK APPROPRIATE BOX

Installer License #049- _____

Pumper License #054- _____

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Business Phone: _____

Cell Phone: _____ Fax Number: _____

E-Mail Address: _____

Do you service aeration systems? Yes No

If Yes, please list types of systems that you service _____

Please include a copy of your 2010 Illinois license(s).

REGISTRATION FEE: \$10.00 Please make check/money order payable to:

Livingston County Health Department

P.O. Box 650

Pontiac, IL 61764