

# CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)

529 E. Home Road  
Springfield, Ohio 45503  
(937) 390-5600, Ext. 251 Fax (937) 390-5625 E-Mail: rcahill@ccchd.com

## City of Springfield & New Carlisle Sewer Tapper 2010

To register to install new or replacement sewer laterals in the City of Springfield & New Carlisle for the year **2010**, you must pass the exam, pay a fee and fill out the information below.

Date of Application: \_\_\_\_\_

**Registration Fee: \$40.00**

Name	CCCHD Registration No.
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Business Name/DBA
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Business Address	City	State	Zip
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Business Phone No.	Business Fax No.
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Cell Phone No.
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Please send information to my home address listed below.

Home Address	City	State	Zip
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Home Phone No.
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**Please mark the information that applies to you and include a copy for your file:**

- I have a current \$10,000.00 bond.
- I have a current certificate of liability insurance. (\$10,000/300,000 min liability)
- I have a current Certificate of Worker's Compensation.

**By signing this application, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please Note: Your current registration will expire on December 31.*