

# WATER HAULER APPLICATION

**PREBLE COUNTY GENERAL HEALTH DISTRICT  
615 HILLCREST DRIVE  
EATON, OH 45320  
(937) 472-0087 – TELEPHONE  
(937) 456-6382 – FAX**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

EQUIPMENT: Brief description of equipment used; truck, etc.

\_\_\_\_\_  
\_\_\_\_\_

TRUCK LICENSE NUMBER \_\_\_\_\_

I submit herewith my application to haul water for the year \_\_\_\_\_

and agree to comply with all laws, regulations and specifications in effect in the State of Ohio.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE SUBMITTED PRIOR TO JANUARY 1<sup>ST</sup> OF EACH YEAR.  
COMPLETE AND RETURN TO THE PREBLE COUNTY GENERAL HEALTH DISTRICT.**