

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 _____

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 1ST OF EACH YEAR.
COMPLETE AND RETURN TO THE PREBLE COUNTY GENERAL HEALTH DISTRICT.**