



# Private Water Systems Water Hauler Registration Reporting Form

Please return completed forms to: [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov) Local Health District:  Registration Year:

Company Name:

Street Address:  City:  State:  Zip code:

Company Phone:  Number of Trucks Inspected:

Company Name:

Street Address:  City:  State:  Zip code:

Company Phone:  Number of Trucks Inspected:

Company Name:

Street Address:  City:  State:  Zip code:

Company Phone:  Number of Trucks Inspected: