



Private Water Systems Water Hauler Registration Reporting Form

Please return completed forms to: 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: