



Private Water Systems Water Hauler Registration Reporting Form

Please return completed forms to:

Local Health District:

Registration Year:

BEH@odh.ohio.gov

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