



MACOMB COUNTY HEALTH DEPARTMENT
Environmental Health Services Division
43525 Elizabeth Road
Mount Clemens, Michigan 48043-1078
Phone: (586) 469-5236 Fax: (586) 469-6534



EVALUATOR REGISTRATION RENEWAL

Registration Number _____

Name _____

Company Name _____

Address _____

City/Village/Township _____ State _____ Zip _____

Telephone () _____ Fax () _____

E-mail Address _____

Signature

Date

Registration Fee (2009) - \$140.00 Make check payable to: Macomb County Health Dept.

FOR HEALTH DEPARTMENT USE ONLY

Date Of Original Registration _____ Registration Expiration Date _____

Registration Renewal Fee Paid: Yes No Fee Payment Date _____

Type of Registration: Water Sewage Both

Certified to Evaluate On-Site Water Supply Systems: Yes No

Certified to Evaluate On-Site Sewage Disposal Systems:

Conventional Systems: Yes No

Alternative Systems: Yes No