



**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 (2018) - \$176.00**

**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