

**GRUNDY COUNTY HEALTH DEPARTMENT**  
**CONTRACTORS REGISTRATION APPLICATION**

1320 Union Street • Morris, Illinois 60450  
Phone: (815) 941-3115 • Fax: (815) 941-2389  
www.grundyhealth.com  
[environmentalhealth@grundycountyil.gov](mailto:environmentalhealth@grundycountyil.gov)



Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

☐ Septic installer IDPH License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ Septic pumper IDPH License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*(Please mark the applicable box (es))*

Mailing address (If different from above) \_\_\_\_\_

I agree to comply with current Grundy County Codes:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Please remit application and **\$90.00** fee to the Grundy County Health Department located 1320 Union Street, Morris, Illinois 60450. Payment by cash, credit, money order, or check. Checks payable to Grundy County Health Department. All fees are Non-refundable.*

FOR OFFICE USE ONLY:

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash/Check#/Card: \_\_\_\_\_ Received by: \_\_\_\_\_

Certificate mailed: \_\_\_\_\_