



# LA PORTE COUNTY HEALTH DEPARTMENT

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**Outdoor Hydronic Heaters Registration #:** \_\_\_\_\_

## Homeowner Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_

## Outdoor Hydronic Heater Information

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Heat Output (MMBTU): \_\_\_\_\_

Date Purchased: \_\_\_\_\_

**\* Registration ID # runs with the life of the outdoor hydronic heater For Office Use Only**

REGISTRATION ID #: \_\_\_\_\_

PARCEL ID#: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

### Mission Statement:

*"To engage and partner in a collaborative and responsive effort with the community and local organizations with respect to the diversity of the community to better serve present and future generations."*