

APPLICATION FOR TRANSPORTATION PERMIT

DECATUR COUNTY, INDIANA

SINGLE TRIP PERMIT \$35.00
90 DAY PERMIT \$

Payable to Decatur County Highway Dept.
Copy of State Permit attached yes - no

Mail permit fee to 959 S CR 200W. Greensburg In. 47240

VEHICLE AND LOAD INFORMATION

Towing Vehicle Type _____

License Plate No. _____

Description of Load _____

WEIGHT/DIMENSION INFORMATION

Axle Weight _____

Width _____

Height _____

Length _____

INSURANCE CO. _____

POLICY NO. _____

OWNER OF TOWING EQUIPMENT

NAME _____

ADDRESS _____

CITY, STATE ZIP _____

OWNER OF LOAD _____

PHONE _____

FAX NUMBER _____

DATE(S) OF MOVEMENT _____

ROUTE From: _____ To: _____

Directions of Route _____

IF GRANTED THIS PERMIT, I (WE) AGREE TO TERMS AS OUTLINED AND FURTHER STATE
I (WE) HAVE READ THE RULES AND REGULATIONS.

APPLICANT'S SIGNATURE

TRANSPORTATION PERMIT # _____

DECATUR COUNTY HIGHWAY DEPT.

PHONE 1-812-663-2682

**PERMIT TO BE CARRIED IN VEHICLE DURING ABOVE
MENTIONED MOVEMENT**

PERMISSION IS HEREBY GRANTED TO: _____

FOR THE MOVEMENT OF THE ABOVE DESCRIBED LOAD(S) IN DECATUR COUNTY UNDER
ORDINANCE # 2008-1

DATE _____ AUTHORIZED BY: _____

DECATUR COUNTY HIGHWAY DEPT.