



<u>OFFICE USE ONLY</u>
RECEIPT # _____
Bond Received: _____
Bond Amount: _____
Received By: _____
Date: _____

2016 DEMO/TANK REGISTRATION APPLICATION

City of Elkhart, Indiana
229 South Second Street
Elkhart, In 46516
Ph. 574-294-5471 Fax 574-970-1361
www.elkhartindiana.org

TYPE OF APPLICATION (CIRCLE ONE ONLY) NEW RENEWAL DATA CHANGE

(PLEASE PRINT CLEARLY & FILL IN ALL AREAS)

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ E-MAIL _____

CONTACT PERSON: _____ CELL PHONE: _____

CIRCLE THE APPROPRIATE REGISTRATION REQUEST:

DEMOLITION TANK MOVING

****TANK CONTRACTORS MUST PROVIDE COPY OF TANK CERTIFICATION****

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE. THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED: _____ DATE: _____