

Office of Clerk-Treasurer
219-996-4641
Fax 219-996-7494



P.O. Box 478
107 N. Main Street
Hebron, IN 46341

TOWN OF HEBRON

INDIANA

Permit # _____

In Accordance with the Municipal Code, Article VI-Sec. 62-161-Weight Limits

The Undersigned Hereby Makes Application for Frost Law Permit:

- Name of Person or Company Desiring Permit:

- Address:

- Description of Vehicle (s) for which Permit is to be Issued:

- Streets for which Permit is to be Used:

- Period for which Permit is to be Issued:

- Maximum Weight for which Permit is to be Issued:

Applicant agrees to use the above described streets in such manner so as to prevent damage to said streets and further agrees to be responsible for any damage caused to said streets by the use of this permit.

Applicant

Date: _____