



LAPORTE COUNTY HEALTH DEPARTMENT

**Application
For
Railroad Mobile Camp**

809 State Street
Suite 401 A
LaPorte, IN 46350
(219) 326-6808 Ext 2200
(219) 874-5611 Ext 7780
Fax (219) 325-8628

Office use only
Name: _____
Date: _____
Reference # _____

Legal Name of Mobile Camp Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Fax: _____

Mobile Camp Site Address: _____

How Many Cars in Camp: _____

Dates of Mobile Camp: From: _____ To: _____

Representative on Site: _____

Phone No. for Site Representative: _____

Railroad Representative on Site: _____

I hereby certify that the information above is accurate and true to the best of my knowledge.

The permit for a mobile camp shall be the number of consecutive days the mobile camp is located in LaPorte County and becomes void once the mobile camp leaves LaPorte County.

SIGNED: _____ DATE: _____

PRINT: _____

Title: _____