



*Please e-mail this form to <u>rides@dhs.in.gov</u> or fax this information to (317) 232-6609. If you need further assistance or information, please call (317) 232-6427.* 

## We must have the State Number(s) to complete your request.

**STATE NUMBER:** 

(This is the state number on your current Operating Permit or Invoice.)

\* Note: If more than one State Number applies, please specify State numbers:

| <b>OWNER INFORMATI</b> | <u>ON</u>                     |         |  |
|------------------------|-------------------------------|---------|--|
| Owner Name or Manager  | nent Company:                 |         |  |
|                        |                               |         |  |
|                        | :                             |         |  |
| City/State:            |                               | ZIP:    |  |
| Telephone:             | Fax:                          | E-mail: |  |
|                        | (This is where the Elevator i |         |  |
| Attention:             |                               |         |  |
|                        |                               |         |  |
| City/State:            |                               | ZIP:    |  |
| Telephone:             | Fax:                          | E-mail: |  |
| Company Name:          | DDRESS (If different from U   |         |  |
|                        |                               |         |  |
|                        |                               |         |  |
|                        |                               | E-mail: |  |