



**COUNTY VERIFICATION OF BUSINESS
LOCATION PERMIT REQUEST FORM**
MORGAN COUNTY SURVEYORS OFFICE
180 South Main Street, Suite 010
Martinsville, Indiana 46151
765-342-1064

Address for Verification: _____

Name of Business/Business Type: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone: (_____) _____

Contact Name (If different from Applicant's Name): _____

Contact's Address: _____

Contact's Phone: _____

Email Address *: _____

* If email address is provided, the County Verification of Business Location form will be emailed to you. This email address will not be used for any other purpose.

I hereby request the Morgan County Surveyor's Office to complete a County Verification of Business Location, state form 44184 in accordance with Indiana Code 7.1-3-4-3.

Please allow up to 5 business days for completion.

Applicant's Signature

Date