

Clermont County Board of Developmental Disabilities

Mobile Changing Station

Registration Form

Name of Borrower: _____

Borrower Phone Number: _____

Borrower Email Address: _____

Location (address where trailer will be parked):

Street Address: _____

City/State/Zip: _____

*Event Date: _____

Event Start Time: _____

Event End Time: _____

**If Event is longer than one day, please list all dates in the "Date" space. If you need to have the trailer parked earlier than the Event Start Time, please indicate the time here: _____*

Other information we should know about the event and trailer parking space: _____

Remember to **DOWNLOAD THIS FORM**, fill it out, and send to James Taylor, along with your Memorandum of Understanding and insurance policy: jtaylor@clermontdd.org

