



COVERED BRIDGE CERTIFICATION

State Form 56491 (R2 / 4-24)

Prescribed by State Comptroller, 2024

Approved by State Board of Accounts, 2018

State Comptroller

200 W Washington St., Room 240

Indianapolis, IN 46204

317-232-3300 Option: 4

www.in.gov/comptroller

County Name _____

Number of covered bridges per [IC 8-14-1-10](#) _____

We, the county commissioners of _____ County, hereby certify that the aforementioned is the true number of covered bridges in said county per IC [8-14-1-10](#) for calendar year _____.

Dated this _____ day of _____, _____.

County Commissioner Name (*Print name*)

County Commissioner's Signature

County Commissioner Name (*Print name*)

County Commissioner's Signature

County Commissioner Name (*Print name*)

County Commissioner's Signature

Auditor Name (*Print name*) _____ County

Auditor Signature _____ County

Due by July 31st

E-mail completed form to: LocalGovernment@comptroller.in.gov