

# Town of Pensaukee

## PERMIT TO EXCEED WEIGHT LIMIT

(Include permit fee of **\$25.00** payable to the address below)

Requester Name: \_\_\_\_\_

Requester Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Issued to: \_\_\_\_\_ of \_\_\_\_\_

(Company Name)

(City, State)

Insurance Carrier: \_\_\_\_\_

(Failure to provide insurance information for carrier will result in damages becoming the responsibility of the requester or possibly permit denial)

Nature of Load: \_\_\_\_\_

Type of Truck/Trailer: \_\_\_\_\_

Route over Highways: \_\_\_\_\_

### (Permit Must Be Carried By Operator)

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Permit Issue Date: \_\_\_\_\_

Expires at End of Permit Year:

\_\_\_\_\_  
Comments by Town: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Signature of Town Representative

Return Form & Check to: Town of Pensaukee, 4684 Brookside Road, Abrams, WI 54101

Copy will be sent to requestor, original on file at Town Hall.