OVERSIZED LOAD / EQUIPMENT REQUEST FORM

Applicant Name: ________________________________

Address: ___________________________ City: _____________ State: ______ Zip: ______

Phone No.: ___________________________ Fax No.: ___________________________

Expected Date and Time of Move: ___________________________

What is being transported and by what means?: ___________________________

_________________________________________________________

Size/Dimensions: ___________________________ Weight: ___________________________

Address of Origin: ___________________________

Address of Destination: ___________________________

Describe proposed route and attach map:

_________________________________________________________

_________________________________________________________

_________________________________________________________

Distribution List: Police
Fire
Public Works