

CITY OF REDLANDS WIDELOAD/OVERSIZE PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW, PERMISSION IS HEREBY GRANTED:

TRANSPORTER		Permit valid _____ Sunrise _____ Sunset	Authorized Signature _____
ADDRESS			
CITY/STATE		Authorized Date: _____	
PHONE NO.	FAX NO.		

_____ HAUL	Load or equipment and model no.	Insurance Co. _____
_____ DRIVE		
_____ TOW		Exp. Date _____
Type of Vehicle _____		
King Pin To Last Axle _____	Comb. Vehicle Length _____	Sending Station _____ Receiving Station _____

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHT EXCEEDING THOSE SHOWN ARE NOT AUTHORIZED.

Max. Height	Max. Width			Max. Overall Length			Max. Overhang		
Axle Number	1	2	3	4	5	6	7	8	9
Number Tires									
Axle Spacing									
Axle Width									

Weight _____

	Origin _____	Destination _____	Trips _____
Authorized Roads/Streets/Highways _____			

	Other Agency Permits Required ____ Yes ____ No	RETURN Unladen _____ Laden _____	PILOT CAR ____ Yes ____ No
	Permit Conditions: SEE ATTACHED CONDITIONS.		
	PERMITTEES AUTHORIZED AGENT (Signature) _____ Date: _____	FEE \$16.00 Per Trip Acct. No. 1203 101400-3130 / 40053	DISTRIBUTION ____ PD ____ MU&ED ____ Insp. ____ Treasurer