

250⁰⁰—

+ Bond

CITY OF FLORENCE
APPLICATION FOR PERMIT
EXCESS WEIGHT VEHICLES ON CITY STREETS

DATE: _____

NAME AND ADDRESS OF APPLICANT: _____

TELEPHONE NO. _____

OPERATION FOR WHICH PERMIT IS REQUESTED: _____

DURATION FOR WHICH PERMIT IS REQUESTED:

START DATE: _____

END DATE: _____

EXACT ROUTE USING CITY STREETS: _____

ESTIMATED GROSS WEIGHT PER SINGLE AXLE: _____

SIGNATURE OF APPLICANT

EXHIBIT "A"