

RICHMOND TOWNSHIP

30348 State Hwy 408

Townville, PA 16360

ROAD BOND APPLICATION TO HAUL OVER POSTED ROADS OR BRIDGES

Name of Road(s): _____

Nearest Intersection: _____

Name of Individual/Company Requesting Bond: _____

Address: _____

Phone: _____ Contact Name: _____

Date(s) of Proposed Road Use: *Start Date* _____ *End date* _____

Equipment Type To Be Used: _____ Weight _____

Amount of Bond: _____ (\$2,000 per mile)

Method of Posting: Bond Cashier's Check Certified Check **(NO PERSONAL CHECKS ACCEPTED)**

Reason for Request: _____

Name and Contact Information for Driver(s): _____

License Plate Number(s) of Vehicles: _____

I hereby agree to abide by the rule and regulations of Richmond Township and all other applicable Ordinances and Regulations of the Municipality and the Laws of the State of Pennsylvania. I also understand that the traveled roads pertinent to this application/permit will be inspected at the discretion of the Roadmaster and upon completion of the referenced job. Inspection fees will be billed to the applicant at the rate of \$25/inspection. Bonds will not be released until all of the bills have been paid in full. I hereby state that the above information is true and correct to the best of my knowledge.

Applicant Signature and Date

RICHMOND TOWNSHIP

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Road Bond Application

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Township Use Only

Request Granted: Yes No Date: _____

If denied, Reason: _____

METHOD OF POSTING:

Bond Company Name: _____

Cashier's Check Number: _____

Certified Check Number: _____

AMOUNT: _____

PERMIT GRANTED: Yes No

Type of Permit: _____

Permit Number: _____

Expiration: _____

INSPECTIONS:

Road Inspected before hauling: Yes No Date: _____

Road Inspected during hauling: Yes No Invoice Number: _____ Paid: Yes No

Road Inspected after hauling: Yes No Invoice Number: _____ Paid: Yes No

BOND RELEASE REQUEST: Name of Requestor _____

Bond Released: Yes No Date of Release: _____

Signature of Road Superintendent: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Secretary: _____ Date: _____