



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