

# 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		Authorized Signature _____	
ADDRESS		_____ Sunset			
CITY/STATE		Authorized Date: _____			
PHONE NO.	FAX NO.			Date _____	

_____ 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	PILOT CAR
	Permit Conditions: SEE ATTACHED CONDITIONS.	Unladen _____	_____ Yes
		Laden _____	_____ No
	PERMITTEES AUTHORIZED AGENT ( Signature) _____ Date: _____	<b>FEE</b>	<b>DISTRIBUTION</b>
		<b>\$68.00 Per Trip</b>	_____ MU&ED Treasurer
		<b>Acct. No. 1203</b> <b>101400-3130 / 40053</b>	