

Please print and fill out form then return to the Town Chair for signature by email: townofbennett@outlook.com or Fax: 715-375-2164.



TOWN OF BENNETT
MULTIPLE/ANNUAL/SEASONAL TRIP PERMIT
Forest Products, Overweight Equipment, etc.
(Permit required for each unit and must be carried in the truck cab.)

Effective Date: _____ Expiration Date: _____

Owner/Operator:	Insurance Company:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Vehicle License Number:	Route/Special Conditions/Terms:
Allowable Gross Vehicle Weight:	
Description of Truck (i.e., axels)	
Freight/Commodity Hauled:	

Acceptance of Conditions: I, the applicant, have read and fully understand the requirements and conditions of this permit, and will comply with the terms and conditions. Any violations of the limits stated on this permit will be cause for immediate revocation of said permit. The Town of Bennett assumes no liability for incorrect or false information provided on this application by the applicant.

Applicant Signature: _____ Date: _____

Town Representative Signature: _____ Date: _____