

DAILY OVERWEIGHT LOAD PERMIT REQUEST

Requestor Information

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Trip Information

Date of Requested Trip: _____

Delivering Material: _____

Truck Name: _____

Destination Address: _____

Max Tons Per Axle: _____

Max Number of Loads: _____

Please complete 1 Permit Request PER vehicle/per day

Fax completed forms to 763.494.6424

*Once your request has been approved,
we will call you for payment information.*