

TAZEWELL COUNTY HIGHWAY DEPARTMENT

21308 Illinois Route 9

Tremont, IL 61568

FAX: 309-925-5533

TELEPHONE: 309-925-5532

PERMITEE (Owner or lessee of vehicle):

APPLICANTS NAME:

Loaded:

One Way Round Trip

STREET ADDRESS:

PHONE:

CITY:

STATE:

ZIP CODE:

FAX:

YEAR____ MAKE_____

SERIAL/VIN NO:

METHOD OF MOVING OVERWEIGHT LOAD:

Loaded

Towed

Own Power

DESCRIPTION OF OBJECT TO BE MOVED:

NO. OF AXLES:

GROSS WEIGHT:

WIDTH:

LENGTH:

HEIGHT:

COUNTY HIGHWAY ROUTES TO BE TRAVELED:

EFFECTIVE DATE:

EXPIRATION DATE:

COUNTY ENGINEER

DATE

FEE \$

I, the undersigned, do hereby solemnly affirm that I have read the foregoing permit, and that I have read and agree to abide by the GENERAL PROVISIONS set forth on the reverse side of this sheet.

SIGNATURE: _____

Fax to: (309) 925-5533 -or- Email to: jsciortino@tazewell.com