Town of McMillan Weight Limit Posting Trip Permit

CEACONAL M	ULTIPLE TRIP P	DEDMIT	Mail	To: Town of McMillon		
To transport a nondivisible load exceed This form cannot be used for permitting	_		townclerk@townofmcmillan.com			
TOWN	ar building section	715-389-1338				
Applicant Name - Vehicle C		Contact Name - Contact Phone				
Address			Vehicle Insurance Policy Information			
City - State - Zip Code						
		Include no	Include policy number, insurer & expiration date of policy			
		include po				
Destination Address			Purpose of Trip			
No Fee Permit						
Effective Date -						
Expiration Date -						
VEHICLE - MAKE	Year	Model	No. of Axles	License # or V.I.N. #	State	
	+ +					
	-					
	 					
Permit - this Multiple Trip Per	mit allows the al	bove named			•	
Applicant to travel on Town or	f McMillan Highv	vays using th	e equipment lis	sted on this		
permit to access the local roa	_	•				
	•			•		
for the duration of time listed	above in expirati	on section.				
Pleast list Town Roadways	to be traveled.					
_	to be traveled:					
Acceptance of Conditions: I, the applican		nts contained in the	e application are true a	nd correct, and that if granted a permit.	, I will comply	
Acceptance of Conditions: I, the applican with all terms and conditions which apply. I a repair of damage.	t, certify that the stateme					
with all terms and conditions which apply. I a	t, certify that the stateme					