

GLENWOOD POLICE DEPARTMENT

ONE ASSELBORN WAY • GLENWOOD, ILLINOIS 60425

708.753.2420
708.753.2405 Fax



CHIEF
Demitraus Cook

DEPUTY CHIEF
Derek Peddycord

OVERSIZE / WEIGHT VEHICLE PERMIT APPLICATION

| | | | |
|---|---------------|--|--|
| Account No. | | Date | |
| Permittee (Owner or lessee of vehicle) | | | |
| Applicant's Name or Work Order (Optional) | | Applicant's Address | Type of Permit <input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip <input type="checkbox"/> Multiple Routing |
| Power Unit Description | | | License No. |
| Description of Object or Vehicle to be Moved | | | |
| Number of Axles | Gross Weight | Axle Weights (beginning with steer axle) | |
| Width | Length | Height | From |
| Over Routes | | | |
| To (Specific destination) | | | |
| Permittee Must Comply with General Provisions and Special Provision Numbers on Back. If this form was received as a fax, General Provisions and Special Provision Numbers will be on Page 2. YOU MUST SIGN HERE SHOWING RECEIPT OF GENERAL & SPECIAL PROVISIONS I am in receipt of General Provisions & Special Provision Numbers: _____ | | | |
| Do not write below this line - For Official Use Only | | | |
| Date | Permit Number | Authorized Movement as Described Above with the Following Exceptions and Conditions | |
| Gross Weight | Axle Weights | | No Axle Exceeds _____ |
| | Legal | Rear Tandem (or axle) | No Axle Exceeds _____ |
| Width | Length | Height | From |
| To | Effective | Expires | Fee |
| FOR POLICE USE ONLY | | Ext. No. | Expires |
| | | For verification of permit, call one of the above numbers. CHECK BY: Ofc. _____ AGENCY: _____ DATE: _____ REMARKS: _____ | |
| | | This permit must be carried in the vehicle and must be available for inspection by police or Village officials. If you find this permit does not cover the move, the Permittee must contact the Village and have the permit corrected prior to starting the move AUTHORIZED SIGNATURE | |