

# GLENWOOD POLICE DEPARTMENT

ONE ASSELBORN WAY • GLENWOOD, ILLINOIS 60425

708.753.2420 Phone  
708-753-2405 Fax



**CHIEF**  
Demitrous Cook

**DEPUTY CHIEF**  
Derek Peddycord

## OVERSIZE / WEIGHT VEHICLE PERMIT APPLICATION

|  |   |  |  |
|--|---|--|--|
| Account No.  |   | Date   |  |
| Permitte (Owner of lessee of vehicle)  |   |  |  |
| Applicant's Name or Work Order (Optional)  |   | Applicant's Address  | Type of Permit<br><input type="checkbox"/> Single Trip<br><input type="checkbox"/> Round Trip<br><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 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: _____   |   |  |  |
| <b>Do not write below this line For Official Use Only</b>  |   |  |  |
| Date   | Permit Number   | Authorized Movement as Described Above with the Following Exceptions and Conditions  |  |
| Gross Weight   | Axle Weights<br>Front Tandem (or axle) _____ No Axle Exceeds _____<br>_____ Legal Rear Tandem (or axle) _____ No Axle Exceeds _____ |  |  |
| Width  | Length  | Height   | From   |
| To   | Effective   | Expires  | Fee  |
| <b>FOR POLICE USE ONLY</b>   |   | Ext. No.   | Expires  |
| For verification of permit, call one of the above numbers.   |   | This permit must be carried in the vehicle and must be available for inspection by police of 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 |  |
| CHECK BY: Ofc. _____   |   | AUTHORIZED SIGNATURE   |  |
| AGENCY: _____  |   |  |  |
| DATE: _____  |   |  |  |
| REMARKS: _____   |   |  |  |