



# JACKSON COUNTY HIGHWAY DEPARTMENT SEASONAL WEIGHT EXEMPTION PERMIT

Randy J. Anderson, Highway Commissioner, 119 Harrison Street, Black River Falls, WI 54615

Telephone # (715) 284-0233 FAX # (715) 284-0261

This Permit is Not Valid Unless Signed by the Highway Commissioner.

This Permit is ONLY Valid During Calendar Year 2016.

# 2016

Permits may be revoked by Highway Commissioner at any time. Any operator cited for an overweight load on a County Highway will forfeit their permits for all County Highways for himself/herself and all other vehicles named on the permit.

ALL FIELDS ON THIS FORM ARE NECESSARY.

LEAVING INFORMATION BLANK WILL RESULT IN DENIAL OF PERMIT.

**\*\*PERMITS MUST BE WITH EXEMPTED UNIT TO BE VALID\*\***

COMPANY NAME: \_\_\_\_\_ REPRESENTATIVE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Truck Description & License Number (LIST ALL TRUCKS YOU WISH TO EXEMPT):	Total Number of Axles:

Trailer Description & License Number (LIST ALL TRAILERS YOU WISH TO EXEMPT):	Total Number of Axles:

MULTIPLE TRIPS:	SINGLE TRIP: (PLEASE LIST DATE OF MOVE)
Number of Trips: _____ per: _____ DAY WEEK (SELECT ONE)	

TOTAL UNIT WEIGHT - NOT LOADED: (LIST EACH UNIT)	TOTAL UNIT WEIGHT - LOADED (LIST ALL UNITS)	TYPE OF MATERIAL BEING HAULED: (LIST ALL MATERIALS)

**TRUCK ROUTE APPLIED FOR:** (YOU MUST WRITE THE ROUTE DESCRIPTION BELOW, MARK THE MAP AS SHOWN, AND RETURN BOTH THIS APPLICATION FORM AND THE MARKED MAP TO OUR OFFICE.)

Signature of Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Expiration: \_\_\_\_\_

**\*\*\* THIS PERMIT IS ONLY VALID FOR COUNTY HIGHWAYS \*\*\***

