

TOWN OF CICERO
OVER WEIGHT VEHICLE PERMIT APPLICATION

NAME & ADDRESS OF APPLICANT: _____

ADDRESS OF JOB SIGHT: _____

PHONE NUMBER: _____

COMPANY NAME & ADDRESS: _____

NATURE OF WORK TO BE DONE: _____

DESCRIPTION OF OVERWIGHT VEHICLE: (Lowboy semi, Dump truck, Cement truck, Etc.)

TOWN ROADS TO BE USED _____

START DATE OF WORK: _____

DURATION OF WORK: _____

APPLICATION DATE _____

E-MAIL COMPLETED APPLICATION TO: sjhackl@granitewave.com

OR MAIL TO: Steve Hackl, Chairman
W3765 Cicero Rd,
Seymour, WI 54165

Phone: 920-843-2305

