



Marinette County Highway Department
501 Pine Street, Peshtigo, WI 54157
Tele: 715-582-3771 FAX: 715-582-4348

Please type or print clearly

CUSTOMER			
LEGAL NAME - VEHICLE OWNER OR LESSEE		DOING BUSINESS AS	
MAILING ADDRESS		FEDERAL EMPLOYER IDENTIFICATION NO.	
CITY	STATE	ZIP CODE	CONTACT NAME TO CALL/AREA CODE-TELEPHONE NO.

LOAD	Move Date
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VEHICLE							
Power unit - Both Plate/State and VIN must be identified							
Plate	State	Vehicle Identification No.	<input type="checkbox"/> Truck-tractor <input type="checkbox"/> Truck <input type="checkbox"/> Other	Year	Make	Axles	Unit
TOWED VEHICLE							
Both Plate/State and VIN must be identified							
Plate	State	Vehicle Identification No.	<input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Full Trailer	Year	Make	Axles	Unit

WEIGHT DESIRED FOR VEHICLE AND LOAD			
Length	Width	Height	Weight
INSURANCE - the customer has the required insurance coverage in full force and effect, with a combined single limit \$1,000,000, of which a certificate of insurance is attached.			

AXLE WEIGHTS/SPACING - TIRES - by axle, front to rear									
Axle No.	1(front)	2	3	4	5	6	7	8	9
No of Pneumatic Tires Per Axle									
Max Gross Weight Per Tire									
Spacing Between Axles									

ROUTE

I, the owner or authorized agent, certify the statements above are true and correct.

APPROVAL:

 Owner or Authorized Agent

 Marinette County

 Date

 Date

ADDITIONAL CONDITIONS

Fee: \$50.00 Paid _____