CITY OF PALO ALTO TRANSPORTATION DIVISION
Oversized Vehicle Permit

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHEMNTS, PERMISSION IS HEREBY GRANTED TO:

Transporter

Address

City/State

Phone | FAX #

PERMIT VALID
Date:_____

Any Time [ ]

BETWEEN

Midnight & 7am [ ]

10 am & 4pm [ ]

10 am & 11am [ ]

7pm & Midnight [ ]

AUTHORIZED AGENCY REPRESENTATIVE

TELECOPIED PERMITS NOT VALID WITHOUT SEAL

[ ] HAUL
[ ] DRIVE
[ ] TOW

TYPE VEHICLE

KING PIN TO LAST AXLE | COMB. VEHICLE LENGTH

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AURHORIZED

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:

AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									

ORGIN	DESTINATION	TRIPS

AUTHORIZED ROADS/STREETS/HIGHWAYS *-OTHER AGENCY PERMIT/S REQUIRED

PILOT CAR [ ] YES [ ] NONE REQUIRED

ATTACHMENTS

X PERMIT CONDITIONS

[ ] _____

[ ] _____

[ ] _____

[ ] _____

[ ] CASH
[ ] CHECK FEE:
[ ] EXEMPT $_____

_____ PERMITEES AUTHORIZED AGENT (SIGNATURE)

____/____/____ DATE

Rev 12/05