



Town of Eagle Point
Oversize Load Permit

Applicant Information, this should be the name of business or person hauling the load:

Business or Person's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Vehicle Information:

Nature of Load: _____ Gross Weight: _____

Make of Truck: _____ License Plate # _____

Route: _____

Insurance Information of Applicant:

Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

Signature of permit holder:

_____ Print Name: _____

By signing, the permit holder assumes complete responsibility for damages resulting from their travel on the designated route and certifies that all information on this permit is true and correct. Permit holder may be responsible for cost of repair from the damage that may occur on traveled route.

*****Eagle Point Board Official to fill out information below*****

***Special Conditions must be followed if checked or filled in**

- No travel on weekends:
- No travel during hours of darkness:
- Travel only on days of the week listed: _____
- Travel between: _____ AM PM and: _____ AM PM
- Other Requests by Town: _____

***Permit is good for the Town of Eagle Point from:** _____ to _____
(Start Date) (End Date)

For: ONE TRIP or RECURRING TRIPS
(Circle One)

***Signature of Town Official:**

_____ Print Name: _____

Title: _____ Issued on: _____/_____/_____

Driver must carry copy of this permit in vehicle