

# TOWN OF CLEVELAND

## JACKSON COUNTY, WISCONSIN

### Seasonal Weight Exemption Permit

Company Name:		
Representative's Name:		
Address:		
Work Phone:	Mobile Phone:	E-Mail:

Vehicle Information		
Truck Description & License Number		# of Axles
Trailer Description & License Number		# of Axles
Total Unit Weight Not Loaded	Total Unit Weight Loaded	Type of Material Being Hauled

Frequency	
<input type="checkbox"/> Multiple Trips	Number of trips: _____ per <input type="checkbox"/> day <input type="checkbox"/> week
<input type="checkbox"/> Single Trip	Date of trip:

Route Information
List the Town road(s) for which this exemption applies.

Signature of Company Representative:		Date:		THIS PERMIT IS ONLY VALID DURING CALENDAR YEAR
Approved by Town of Cleveland:	, Chairman	Date:		

**\*\* THIS PERMIT IS ONLY VALID FOR TOWN ROADS IN THE TOWN OF CLEVELAND, JACKSON COUNTY \*\***

Permit must be with exempted unit to be valid.  
The Chairman reserves the right to revoke permits at any time.