

Town of New Haven, Dunn County
Application to Exempt Overweight Vehicle

Applicant/Company: _____

Owner's Name: _____

Address: _____

Phone: _____

Email: _____

Truck Description and License Number: (list all trucks you wish to exempt):

Trailer Description and License Number: (list all trailers you wish to exempt):

Total Unit Weight – Not Loaded (list each unit):

Total Unit Weight – Loaded (list each unit):

Truck Route Exemption Applied For (Write description, mark an attached map):

Dates for Exemption on Town Roads

**Application fee is \$50. Please make checks payable to New Haven Treasurer.
Mail Application and fee to Town of New Haven Clerk, PO Box 258, Boyceville, WI 54725**

DO NOT WRITE BELOW THIS LINE

Fee Received \$ _____

Date Approved _____

Check No. _____

Date Denied _____

Date Received _____

Reason for Denial _____