

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 _____