

**TOWN OF VINLAND
WINNEBAGO COUNTY, WI**

APPLICATION FOR PERMIT TO OPERATE OVERWEIGHT VEHICLE(S) ON CLASS "B" HIGHWAY(S)

APPLICANT: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NUMBER: _____ **EMAIL:** _____

DESCRIPTION OF VEHICLE(S):

OWNER OF VEHICLE(S):

OPERATOR OF VEHICLE(S):

DESCRIPTION OF WHAT IS BEING HAULED:

NUMBER OF LOADS/TRIPS: _____ **AVERAGE WEIGHT OF EACH LOAD:** _____

ROUTE (From/To locations):

AVERAGE SPEED: _____ **DATES AND TIMES OF TRAVEL:** _____

The undersigned applicant hereby agrees and understands that applicant shall be solely responsible and liable to the Town of Vinland for any and all costs incurred by the Town of Vinland in repairing any and all damage to any highway located within the Town of Vinland caused by applicant (or someone under my control, directions, and /or supervision) operation of overweight vehicles thereon, together with the costs of collection, including reasonable attorneys' fees to the extent permitted under Wisconsin law.

Dated this _____ **day of** _____, **20** ____.

APPLICANT SIGNATURE: _____

PRINT NAME: _____