

**APPLICATION TO TRANSPORT OVER-DIMENSIONAL LOAD  
ON COUNCIL ROAD(S)**



**Application must be submitted two weeks prior to transportation date.**

**Application must include copy of public liability insurance.**

<b>Company:</b>	
<b>Address:</b>	
<b>Contact Name and number:</b>	
<b>Destination address:</b>	
<b>Transportation date(s):</b>	
<b>Vehicle dimensions and weight:</b>	Height:
	Width:
	Length:
	Weight:
<b>Type of vehicle:</b>	
<b>Type of goods:</b>	
<b>Route details and Council roads Involved:</b>	
<input type="checkbox"/> Public liability insurance attached	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY of VILLAGES**

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