



TOWN OF WOODSIDE

TRANSPORTATION PERMIT

PERMIT NUMBER: _____
VALID FROM: _____
TO: _____

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME: _____

CONTACT PERSON(S) - NAME
AND TELEPHONE NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OFFICE PHONE NUMBER (*Including Area Code*): _____

DESCRIPTION OF THE VEHICLE(S) BEING USED:

DIMENSIONS OF VEHICLE(S) (Vehicle Length/Height; Trailer Length/Height; Comb Vehicle/Trailer Length/Height):

DESCRIPTION OF HAULING OR TRANSPORTING:

PLEASE COMPLETE THE CHART ON THE BACKSIDE OF THIS APPLICATION TO INCLUDE DATES AND TIMES OF USE.

Please provide insurance certificate with minimum \$1,000,000 liability insurance which names the Town of Woodside, its officers, agents, employees, and servants as additional insured, and indemnifies said parties from all claims, suits, or actions of every name kind and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any work authorized or required by this Permit of Permittee and/or his contractor, their officers, agents, employees and/or servants.

PILOT CARS ARE MANDATORY.

APPLICANT SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

Certificate of Insurance Received

