



OVERSIZE/OVERWEIGHT VEHICLE PERMIT

(TO BE COMPLETED BY THE APPLICANT)

TOWN OF MEAD, COLORADO

P.O. 626
 443 - 3rd Street
 Mead, CO 80542
 Phone: (970) 535-4477
 FAX: (970) 535 -0831

Applicant Contact Name: _____

Applicant Contact Phone: _____

**SELECT ONE:
 SELECT THE
 PERMIT TYPE
 THAT IS NEEDED**

Annual:
 OS Annual \$250
 OW Annual \$400
 ODOW Annual \$400

Single Trip:
 OS \$15
 OW \$15 + \$5 per Axle
 OSOW \$15 + \$5 per Axle

Special:
 OS \$125
 OW \$125
 OSOW \$125

Requested Start Date for Permit: _____				Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check																															
Delivery Method: <input type="checkbox"/> Walk -in <input type="checkbox"/> Mail to address below <input type="checkbox"/> Fax Permit to: _____ <input type="checkbox"/> E-mail Permit to: _____																																			
Applicant and/or Company Name (print)				Telephone:																															
Applicant Address (print Street/PO Box, City, State, Zip)				Person submitting application:																															
Shipment consists of:																																			
Vehicle VIN (last eight (8) characters only):		Unit #	Annuals Only: Total miles to operate this year																																
Make of vehicle:		Model Year:																																	
Width (in feet & inches):		Overall Length (in feet & inches):	Height (actual) (in feet & inches):		Front Overhang																														
Rear Overhang																																			
Gross Weight (in pounds):		No. of Axles	Trailer Length (in feet & inches):		Distance first to last axle (self-propelled units - in feet and inches)																														
Required for OW vehicle/loads (record the axle spacing between axle numbers):																																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">lbs.</td> <td colspan="9" style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- ----- </td> </tr> <tr> <td style="padding: 2px;">Ft'-in"</td> <td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td><td style="text-align: center;">o</td> </tr> <tr> <td style="padding: 2px;">Axles</td> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> </table>						lbs.	----- ----- ----- ----- ----- ----- ----- ----- -----									Ft'-in"	o	o	o	o	o	o	o	o	o	Axles	1	2	3	4	5	6	7	8	9
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Origin (required for Single Trip and Special Permits):			Destination(required for Single Trip and Special Permits):																																
Route requested:																																			
<p>I certify that the statements made in this document are true and complete to the best of my knowledge. There will not be a refund for Extra-Legal Transport Permits which are issued by the Town of Mead any time after 24 hours from the issued time printed on the permit. Consideration for refunds within the first 24 hours will be based on, but not limited to, the time the permit has been active, permits start date, origin/destination of trip, and route of travel. Please be advised your rights to refunds for this transaction must be sought first through the Town of Mead prior to contacting your credit card company.</p>																																			
Applicant Signature (Required) _____				Date: _____																															