OVERSIZE/OVERWEIGHT VEHICLE PERMIT
(TO BE COMPLETED BY THE APPLICANT)
TOWN OF MEAD, COLORADO

P.O. Box 626
441 - 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
__ OSOW 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:

_____

Delivery Method:

☐ Walk -in   ☐ Mail to address below

☐ Fax Permit to:

_____

☐ E-mail Permit to:

_____

Payment method: ☐ **Cash**   ☐ **Check**

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):

lbs.
Ft'-in"
Axles   1   2   3   4   5   6   7   8   9

lbs.
Ft'-in"
Axles   10   11   12   13   14   15   16   17   18

Origin (required for Single Trip and Special Permits):	Destination(required for Single Trip and Special Permits):

Route requested:

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.

Applicant Signature (Required) _____   Date: _____