TOWN	I OF DAYTON SPRING	WEIGHT LIMIT PERMI	T#	
NAME/COI	MPANY:			
PHONE:				
CONTACT F	PERSON:			
	PLEASE COMPLETE INFORI	MATION BELOW FOR EACH TE	RUCK/VEHICLE	
TRUCK #	MAKE/MODEL	YEAR	PLATE #	
DEACON FO				
REASON FO	JR REQUEST/COMMUDITY BE	EING HAULED (i.e. Feed):		
ROADS TRA	AVELED:*			
SIGNATURE:			DATE:	
FEE: \$100 <i>i</i>	ANNUAL PER VEHICLE			
	AND FEE TO: TOWN OF DAYTON CL	ERK, N1755 PATRICK LN., WAUPACA	A, WI 54981	
or EMAIL FORM	ITO: CLERK@TOWN-DAYTON.COM			
QUESTIONS CALL: 715-258-0930			DATE	
APPROVED BY:		Di	DATE:	

^{*}ANY DAMAGE TO TOWN ROADS CAUSED BY OVER WEIGHT TRAVEL DURING WEIGHT RESTRICTIONS WILL BE THE RESPONSIBILITY OF VEHICLE OWNER.