

# CITY OF LYNCHBURG POLICE DEPARTMENT

## Oversize/Overweight Vehicle Permit

Please Print

### 1. APPLICANT:

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

Permit Number: \_\_\_\_\_

Single Trip       Blanket

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized: \_\_\_\_\_

*Chief of Police*

➤ Police Escort Requested? \_\_\_ \*YES \_\_\_ NO

2. Phone (\_\_\_\_) \_\_\_\_\_ Item (s) to be moved: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_  Haul  Drive  Tow

3. Date (s) of move \_\_\_\_\_ Time (s) \_\_\_\_\_

### ROUTING:

4. Origin: \_\_\_\_\_

5. Destination: \_\_\_\_\_

6. Routes of travel: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VEHICLE:

7. Transport vehicle make and model: \_\_\_\_\_

8. Transport vehicle license number: \_\_\_\_\_

9. Trailer license number: \_\_\_\_\_

### OVERALL SIZE:

10. Height: \_\_\_\_\_ feet, \_\_\_\_\_ inches      Width: \_\_\_\_\_ feet, \_\_\_\_\_ inches

Length: \_\_\_\_\_ feet, \_\_\_\_\_ inches      Gross Weight: \_\_\_\_\_ pounds

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

\* If police escort is requested, applicant to call LYNCOM at (434) 847-1602 at least one hour prior to expected move.