

JEFFERSON COUNTY OVERLOAD PERMIT REQUEST

DATE: _____

COMPANY / INDIVIDUAL NAME _____

ADDRESS _____

CITY, STATE _____

EMAIL, TELEPHONE, FAX _____

MOVING THE FOLLOWING _____

MOVING DATE(s) _____

NUMBER OF LOADS _____

WEIGHT _____

FROM: _____

TO: _____

ON THE FOLLOWING COUNTY HIGHWAYS

- _____

- _____

- _____

IDOT PERMIT NUMBER (IF AVAILABLE): _____

Complete and email to jeffcopermit@jeffil.us