

LAMOURE COUNTY HI-WAY DEPT.
P.O. BOX 241
LAMOURE, ND 58458
PHONE: 701-883-5131
FAX: 701-883-4236

FEE: ___ \$20.00

SINGLE TRIP PERMIT

DATE ISSUED: _____

DESCRIPTION OF LOAD: _____

COMPLETE THE FOLLOWING INFORMATION:

WIDTH _____ FT. LENGTH _____ FT. WEIGHT _____ FT. HEIGHT _____ FT.

INSURANCE COMPANY: _____

MAKE AND DESCRIPTION OF UNIT TO BE MOVED: _____

LICENSE NO.: _____

ROUTE TO TRAVEL: _____

You are to travel only during daylight hours and no travel on Saturday afternoon,
Sundays and Holidays.

REMARKS: _____

PERMIT ISSUED TO: _____

RECEIVED BY: _____

LAMOURE COUNTY SHERIFF DEPT.

LAMOURE COUNTY HIWAY DEPT.