

COUNTY OF DAVISON
HIGHWAY USE RECEIPT

RECEIPT NUMBER

_____ Annual _____ Single Trip

PERMIT EFFECTIVE FROM _____ TO _____

*****ISSUED SUBJECT TO ALL APPLICABLE LAWS AND REGULATIONS*****

DATE _____ CASH _____ CHECK _____

CARRIER / APPLICANT _____

ADDRESS _____

ORIGIN / DESTINATION _____

ROUTES TRAVELED _____

CARGO _____

TRUCK _____ STATE _____ LICENSE # _____ SERIAL # _____

TRAILER #1 _____ STATE _____ LICENSE# _____ SERIAL # _____

TRAILER #2 _____ STATE _____ LICENSE# _____ SERIAL # _____

GENERAL PERMIT INFORMATION ANY ROAD DAMAGE WILL BE ASSESSED TO THE PERMIT

HOLDER _____

_____ OVERWEIGHT PERMIT: GROSS WEIGHT _____ # OF AXLES _____ \$ _____

_____ OVERWIDTH PERMIT : WIDTH: _____ LENGTH: _____ HEIGHT _____ \$ _____

This permit does not allow travel on the State Overpasses in Davison County.

***NO OVERWIDTH MOVEMENT SUNSET TO SUNRISE.**

***A COPY OF THIS PERMIT MUST BE CARRIED IN EACH PERMITTED VEHICLE AND MUST BE DISPLAYED UPON DEMAND OF ANY LAW ENFORCEMENT OFFICER OR HIGHWAY SUPERINTENDENT.**

\$ _____
TOTAL FEES COLLECTED

ISSUED BY

TITLE

VEHICLE PHYSICALLY INSPECTED YES _____ NO _____