

TOWN OF WOODRUFF
715-356-9421 PHONE
715-358-2677 FAX

**APPLICATION FOR DELIVERY SERVICE DURING
ROAD/STREET WEIGHT LIMITS.**

I, _____ am requesting permission to have
(Print Name)

_____ travel on
(List of Supplier of Service)

_____ (Road Name(s) and Address)

for delivery service to my residence/business.

Reason for road weight limit exception delivery service is: _____

The Woodruff Police Department and the supplier of service will be notified by the Woodruff Town Office of permission granted to provide this delivery service which has been requested.

The requestor and the supplier are liable for any and all damage that may occur while they are traveling on Woodruff Town Roads.

DATE: _____ SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

DATE OF DELIVERY: _____

AUTHORIZED BY: _____
(Signature of Town Official)