DEPARTMENT OF PUBLIC WORKS

RIGHT OF WAY: TEMPORARY WEIGHT LIMIT WAIVER

Date Request Submitted: ___________________

Company Name & Address:___________________________________________________________

Contact Name:______________________________________  Phone Number:__________________
Cell Number: _______________________________________  Fax Number: ____________________

Site Location:____________________________________________________________________

Description for Waiver Request (one form per vendor /per day/ per site) :

<table>
<thead>
<tr>
<th>Vehicle/Plate Number: __________________</th>
<th>Load Weight: __________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Requested Start date:________</th>
<th>Requested Start Time:________</th>
</tr>
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</table>

VALID MONDAY THROUGH FRIDAY ONLY – NO WEEKENDS ALLOWED

Applicants Signature

FOR OFFICE USE ONLY

A COPY OF THE APPROVED WAIVER MUST BE WITH VEHICLE

Waiver is approved subject to the following conditions:

- Access is limited to before A.M. [ ]
- Access is limited to (date) [ ]
- Access is limited to truck size [ ]
- Other reasons: [ ]
- DENIED DUE TO: [ ]

Signature of Director of Public Works or designee: __________________________ Date Approved: ____________

cc: Highway Superintendent  
Road Posting File

Faxed to: __________________

Date: __________  Time: __________
Sent By: __________________

55 Cherry Valley Road, Gilford, NH  03249  •  (603) 527-4778  •  FAX (603) 527-4781

publicworks@gilfordnh.org