



OVERWEIGHT PERMIT

Name: _____

Permit #: _____

Address: _____

Date Issued: ___/___/___

City/ State/Zip: _____

Telephone #: _____

Requested By:

PUCO #: _____

ICC#: _____

FEIN/SSN: _____

US/DOT: _____

Vehicle Info: Year/Make License# Empty Weight # of Axles

Power Unit: _____ _____ _____ _____

Trailer: _____ _____ _____ _____

Roads to be use: _____

Location load originated _____

Destination of load: _____

Effective Date: _____ Effective Until: _____ Amount Paid: \$ _____

Attach/remit with Permit Application the following:

- Proof of insurance for tractor/ trailer/all units
- State of Ohio Permit
- Cost is \$50.00 per unit, per month, checks made payable to the City of Brooklyn

Permit Issued By

The foregoing instrument was acknowledged before me on this _____ (date)
by _____ (name of person acknowledging).

Signature of Notary Public – State of Ohio

My commission expires: _____

(Notary Seal)

MOVING FORWARD. TOGETHER.