

**TOWN OF BARTONVILLE****TRUCK PERMIT****EFFECTIVE DATE:** \_\_\_\_\_**PERMIT #** \_\_\_\_\_**EXPIRES 12/31/** \_\_\_\_\_

VEHICLE OWNER: \_\_\_\_\_

PHONE #: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

DURATION &amp; FREQUENCY OF TRIPS: \_\_\_\_\_

BOND REQUIRED?  NOT AT THIS TIME  YES IF YES, AMOUNT? \$ \_\_\_\_\_

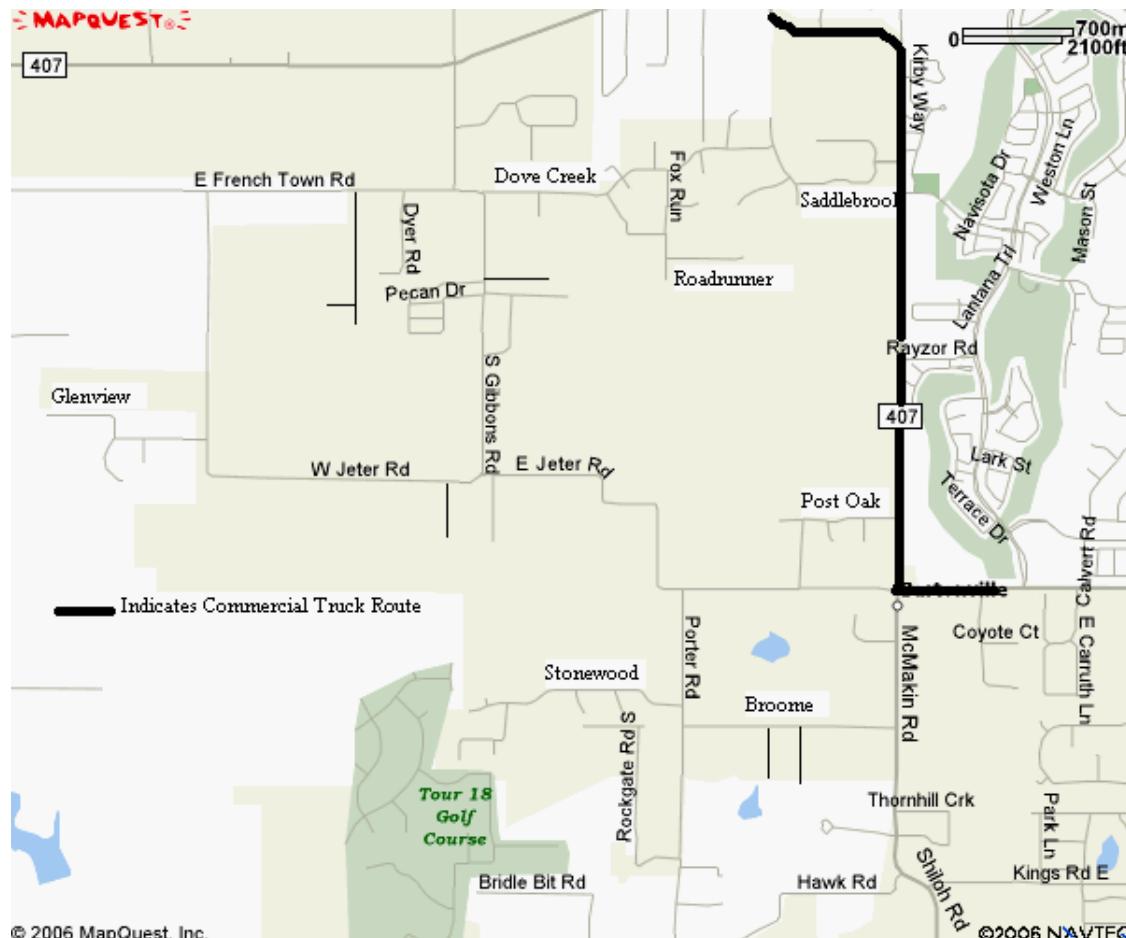
BONDING COMPANY: \_\_\_\_\_ BOND #: \_\_\_\_\_

PROPOSED ROUTE: ENTERING CITY LIMITS OR FROM A COMMERCIAL TRUCK ROUTE AT  
(ROAD) TO A DESTINATION OF \_\_\_\_\_ (PROPERTY ADDRESS)**PLEASE INDICATE ROUTE ON REVERSE**

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that if, at any time, any of the items stated on the application change, I will notify the Town of Bartonville immediately. I understand that changing the information on this application may require the posting of a bond or amending previous bonds. I certify that this permit will not be used as a means to utilize Bartonville roads to arrive at a destination that is outside the corporate limits of the Town of Bartonville. I understand that this permit is to cover the above-listed destination only and that any other destination within the corporate limits will require a new permit.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**TRUCK ROUTE MAP:**

PLEASE INDICATE ON THE MAP THE POINT AT WHICH YOU ENTER THE BARTONVILLE TOWN LIMITS OR THE POINT YOU LEAVE A COMMERCIAL TRUCK ROUTE. DRAW ARROWS TO INDICATE THE ROUTE THAT WILL BE TRAVELED TO THE DESTINATION. THIS WILL BE THE ONLY DESTINATION AUTHORIZED UNDER THIS PERMIT.

**PLACEMENT OF STICKER:**

YOU WILL RECEIVE A STICKER IDENTIFY YOUR PERMIT NUMBER. THIS STICKER MUST BE PLACED ON THE DRIVER'S SIDE, REAR BUMPER. THIS STICKER MUST BE VISIBLE AT ALL TIMES. IF THE STICKER IS DAMAGED OR DESTROYED, PLEASE CALL TOWN HALL AT 817.430.4052 FOR A REPLACEMENT STICKER.

## Designated Truck Route

