



TOWN OF BARTONVILLE

PERMIT # _____

TRUCK PERMIT

EFFECTIVE DATE: _____

EXPIRES 12/31/ _____

VEHICLE OWNER: _____

PHONE #: _____

LICENSE PLATE #: _____

DURATION & FREQUENCY OF TRIPS: _____

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

BONDING COMPANY: _____ BOND #: _____

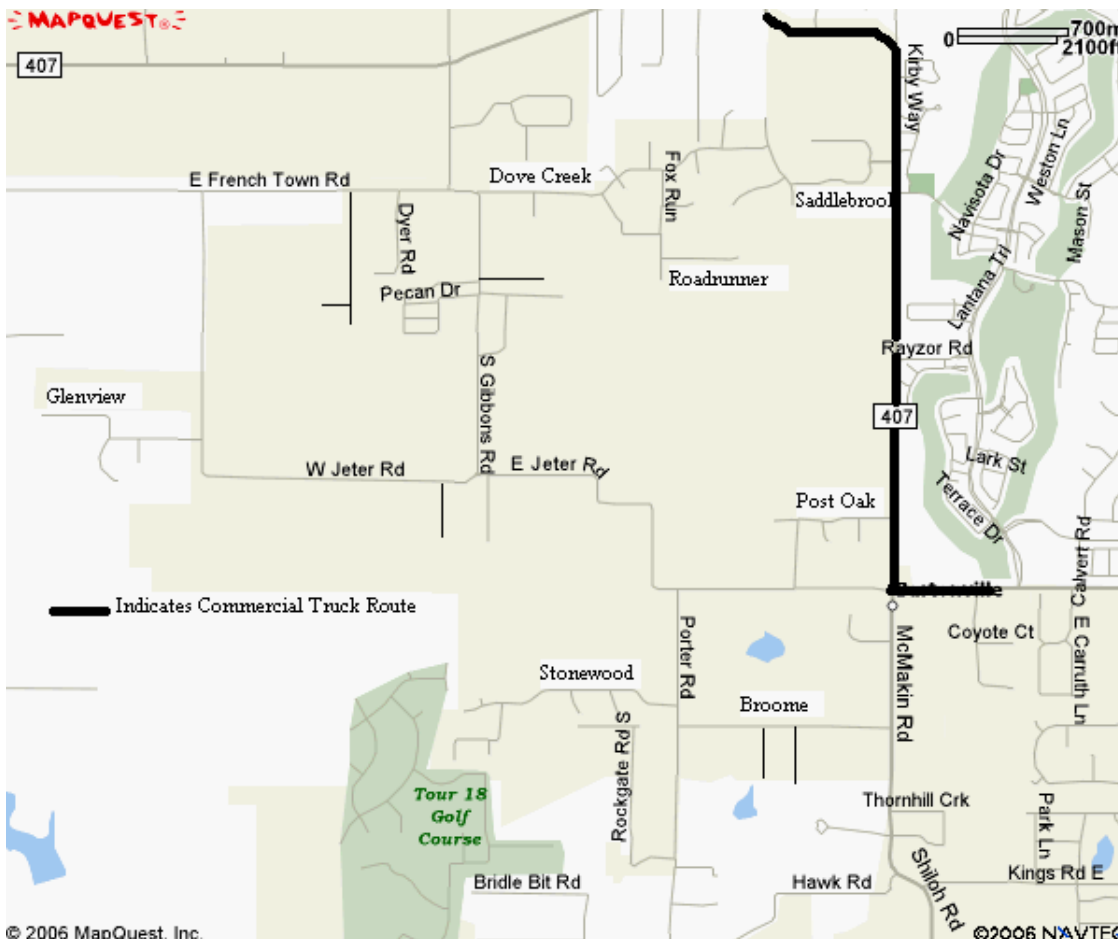
PROPOSED ROUTE: ENTERING CITY LIMITS OR FROM A COMMERCIAL TRUCK ROUTE AT
_____ TO A DESTINATION OF _____
(ROAD) (PROPERTY ADDRESS)

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

