



Town of
Wolfeboro

Public Works Department
603-569-8176
www.wolfeboronh.us

APPLICATION FOR EXCEPTION TO ROAD RESTRICTIONS

Date of Request: _____ Date for Use: _____

Company/Firm: _____ Phone: _____

Operator/Logger: _____ Phone: _____

of Loads: _____ Truck Size: _____ Color: _____

Description of Load: _____

Property Origination (Location): _____

Route Traveled: _____

Special Instructions: 1st Thing in the morning, Stay in the middle of the road – off the shoulders. You are responsible for any damage.

Road Inspection/ Prior to Activity: (Operator/Town Highway Representative)
Condition: _____

I CERTIFY THAT I WILL ABIDE WITH ALL ROAD RESTRICTIONS WITHIN THE TOWN OF WOLFEBORO.

THE ISSUANCE OF THIS PERMIT WILL NOT RELIEVE THE CONTRACTORS OF CORRECTIVE RESPONSIBILITY FOR ANY DAMAGE TO THIS STRUCTURE CAUSED BY THE HAUL. THE CONTRACTOR WILL NOT HOLD THE TOWN OR OTHER OFFICERS, EMPLOYEES, AGENTS, OR ASSIGNS OF THE TOWN RESPONSIBLE FOR ANY CLAIMS, DAMAGES, FEES OR COSTS ALLEGED TO INCURRED.

Signature of Operator

Public Works Director*

**Approved Form Must Be Displayed with Vehicle*

9 Union Street Post Office Box 629 Wolfeboro, New Hampshire 03894

