

IOWA COUNTY SECONDARY ROAD DEPARTMENT
EMBARO PERMIT

Date of Application _____ Dates Hauling _____

Name _____ Phone (_____) _____

Address _____

Requested Route _____

Cargo _____

Number of Trips _____ Weight of loaded Vehicle _____

Special Requests _____

In signing and accepting this Embargo Permit I agree to be responsible for any excessive damage to the roadway. I will try and haul at times that are best suited to limit the damage to the roadway. The County reserves the right to perform necessary maintenance and charge the cost to the applicant.

Signature of Applicant: _____ Date _____

(Name and Position)

*Iowa County reserves the right to limit the number of trips, allowable weight and route taken by any vehicle on an embargoed roadway.

(FOR OFFICE USE)

Route Approved _____

Weight of Loaded Vehicle Allowed _____ Maximum Number of Trips _____

Comments _____

Application Approval By: _____ Date _____

(Name and Position)