



Please complete information and fax to: (815) 436-9981

APPLICATIONS WILL NOT BE PROCESSED WITH INCOMPLETE INFORMATION

SPECIAL MOVEMENT PERMIT PLAINFIELD POLICE DEPARTMENT (5 DAY MAXIMUM)

Overweight Permit Overwidth Permit

Company Name: _____
 Address: _____
 City/State/Zip: _____
 Company Contact: _____
 Company Phone: _____

FOR OFFICE USE ONLY	
Permit No: _____	Authorized Date: _____
Amount: _____	
Authorized: _____	
Date Paid: _____	Check No: _____

Effective Dates of Movement:	From Date: _____	Time: _____	Expires Date: _____	Time: _____
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1. Type of Permit: <input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip	2A. Method of Movement: <input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input type="checkbox"/> Own Power	3. License No: _____	State: _____
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4. State Permit No: _____	5. Manufacturer / Model Number / Object being moved / Serial Number: _____
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6. Axle Weights from Steer to Rearmost Axle: _____

7. Total No. of Axles: _____	8. Total Weight: _____	9. Overall Length: _____
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10. Width: _____	11. Height: _____	12. Origin of Load (Name and Address.): _____
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***Maximum load is 160,000 on 8 Axles**

13. Over Routes: _____

14. Destination of Load (Name and Address): _____	Fax To: _____
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Weekday movements are authorized only between the hours of 7:00 a.m. and 7:00 p.m. (daylight hours). Saturday movements are authorized only between sunrise and noon. Sunday movements are restricted. Permit movements must be within the limits of the area stated in the application and, except on highways posted with minimum speed limits, must not exceed 45 mph. **Upon completion of move, mail your signed copy of permit and payment to: Plainfield Police Department, Attn: Licensing/Permits Coordinator, 14300 S. Coil Plus Drive, Plainfield, IL 60544-7704. For questions, please call Sue at 815/439-4805.**

REVISIONS OR EXTENSIONS ONLY

New Movement
 Date Requested: _____ By: _____

Please Revise
 To Read: _____

Fax Number if Different From Original: _____	Revised Permit No: _____
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Extended Date
 Authorized By: _____ Date: _____

Revised:	From Date: _____	Time: _____	Expires:	Date: _____	Time: _____
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