

Rural Municipality of Lajord No. 128
PRIMARY/OVERWEIGHT PERMIT APPLICATION

Information Required:

Today's Date: _____

Date of Haul: _____

Single Day Permit or Full Year Permit: _____

What is being Hauled: _____

Name of Company: _____

License Plate Number for Truck & Trailer: _____

Route Requested or Provide Map: _____

*****Note: All Western Potash Hauls Have an Approved Route to Follow***

Is the load: Primary Weight

Over Weight

Name (Please Print): _____

Signature: _____

Address: _____

Phone #: _____

Cell #: _____

Email: _____

Please email the completed form to
office@rmlajord.ca for processing.