

R.M. OF KINDERSLEY #290 SPECIAL CIRCUMSTANCES PERMIT

PERMIT NO: R _____/C_____

MUNICIPAL TRANSPORTATION PERMIT FOR MOVING WITHIN THE R.M.

Agriculture: () Oil: () Other: () ****ONE (1) PERMIT PER JOB REQUIRED****

Date: _____

Timeframe for work (Start to Finish): _____

Company Requesting Permit: _____

Name (AUTHORIZING PERSON): _____

Contact Number: _____

Email: _____

Reason request required: _____

Service Required: _____

Accurate Land location: _____ IF
LOCATION IS NOT CORRECT WHEN WE CHECK THIS PERMIT IS VOID.

Route: (*from Highway and location to location*) this must be an approved route!

If more space is required please use Note area on page two.

- THIS ROUTE MUST BE AN APPROVED ROUTE FROM THE RM NO. 290
- IF THE SERVICE BEING USED DOES NOT USE APPROVED ROUTE THIS PERMIT IS VOID
- IF THERE IS ANY DAMAGE THAT OCCURS DURING THIS PERMIT'S MOVE TO ANY ROADS THAT (I/WE) ARE RESPONSIBLE FOR COST OF REPAIRS
- THIS PERMIT IS SUBJECT TO THE TERMS AND CONDITIONS STATED ON OUR OFFICIAL WEB SITE: *rmofkindersley.ca*
- ROAD RESTRICTIONS (LIST OF RULES WHILE TRAVELLING WITHIN THE R.M.)

Rural Municipality of Kindersley #290 APPROVED: (___) DENIED: (___)

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