

SPECIAL CIRCUMSTANCES PERMIT

PERMIT NO: R20___/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 (AUTHORISING 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. Initial _____
- 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: ()

Cell: 1(306)460-8056 Email: bylaw@rmofkindersley.ca

