



Lockport

POLICE DEPARTMENT

Terry Lemming
Chief

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OVERWEIGHT MOVE APPROVAL

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

PLATE NUMBER: _____

STATE PERMIT NUMBER: _____

MOVE DATE: _____

EQUIPMENT: _____

WEIGHT: _____

AXLES: _____

DESTINATION: _____

ROUTE:

APPROVED BY: _____

****APPROVAL VALID ONLY FOR ROADS UNDER THE JURISDICTION OF THE CITY OF LOCKPORT****