

GREENE COUNTY, MISSISSIPPI
OFFICE OF THE BOARD OF SUPERVISORS
P.O. BOX 460, LEAKESVILLE, MS 39451
REQUEST FOR PERMIT
FAX TO: 601-394-4650

COMPANY NAME: _____

PHONE # _____ FAX# _____ EMAIL ADDRESS: _____

ADDRESS: _____

PLEASE MARK TYPE OF PERMIT: Note: All County Roads have a weight limit of 40,000 pounds, Bridges as posted

OVERSIZE ONLY: _____ OVERWEIGHT ONLY: _____ OVERSIZE AND OVERWEIGHT: _____

CHECK WHERE TO SEND PERMIT: (Check one) US MAIL: _____ FAX: _____ EMAIL: _____

LOAD DESCRIPTION (Timber, Gravel, etc): _____

TRUCK MAKE: _____ TAG: _____ STATE: _____ (If more than one, add a page with the information)

OVERSIZE: WIDTH: _____ HEIGHT: _____ OVERALL LENGTH: _____ NUMBER OF AXLES _____

LOADED GROSS WEIGHT (Estimated): _____ TRAILER LENGTH: _____

ORIGIN (Landowner and road address): _____

DESTINATION (Name and Address): _____

SUPERVISOR DISTRICT: _____

PROPOSED ROUTE: _____

ROUND TRIP (Yes or No): _____ BEGINNING DATE: ____/____/____ ENDING DATES: ____/____/____

INSURANCE CARRIER/AGENT INFORMATION: Name, address and phone number (Please attach proof of insurance to application): _____

By signing this Permit Request, I certify the information I have provided herein is true and accurate to the best of my knowledge. I also agree, if a permit is issued, to be bound by the terms thereof. Finally, I understand that by receiving the permit I am accepting responsibility for all damages to the roads and bridges of Greene County, MS caused by my use. This _____ day of _____, 20____.

PERMIT _____ APPROVED _____ DENIED _____, 20____.

Supervisor or Road Official **A copy of this Permit must be in vehicle at all times**