



CITY OF SOUTH LAKE TAHOE

ANNUAL TRANSPORTATION PERMIT

IN COMPLIANCE WITH OUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANT TO:

NAME:
ADDRESS:
CITY/STATE/ZIP
OFFICE PHONE NUMBER (include Area Code)
Email:

PERMIT VALID:
FROM:
TO:
MOVING AUTHORIZED:
SATURDAY:
SUNDAY:
DARKNESS (CVC 280):

PERMIT NUMBER
THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:
[] Permit Conditions Caltrans Permit
[] Holiday Restrictions
[] Other Certificate of Insurance
Please Allow 2-3 Days for Permit Processing

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following: [] Haul [] Drive [] Tow

DESCRIPTION OF HAULING EQUIPMENT:

Table with columns: AXLE NUMBER (1-9), VEHICLE WIDTH, KINGPIN TO LAST AXLE, COMB. VEHICLE LENGTH. Rows include: NUMBER TIRES PER AXLE, DISTANCE BETWEEN AXLES, WIDTH OF AXLES AT TIRE SIDEWALL, MAXIMUM ALLOWABLE WEIGHT.

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT: LOADED WIDTH: LOADED OVERALL LENGTH: LOADED OVERHANG: WEIGHT CLASS:

ORIGIN: DESTINATION:

AUTHORIZED CITY STREETS

No Transport allowed on Venice Drive between Tahoe Keys Blvd. and 15th Street and on Lakeview Avenue between US Highway 50 and Harrison Avenue.

PILOT CAR [] Yes [] No

EXEMPT INFORMATION APPLICANT SIGNATURE: DATE

Please complete the Attached Credit Card Authorization FEE \$148 # of Trips AUTHORIZED CITY AGENT DATE

REQUESTED ROUTE (Include Address of Origin and Delivery Site)

CONTACT PERSON



**CITY OF
SOUTH LAKE TAHOE**

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of South Lake Tahoe to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **City of South Lake Tahoe** to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)
_____.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.