

CANTON, OH
OVERSIZED LOAD PERMIT REQUEST

COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

ATTN: _____

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DATES REQUESTED: _____ TO _____

VEHICLE INFO:

Size: _____

Weight: _____

Axel Length: _____

Wt. Per Axle: _____

Route: _____

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***Please fax or e-mail your State Permit along with this request to:**

Andrea M. Perry, Director of Public Safety
c/o Devan Weckerly, Safety and Service Assistant
E-mail: devan.weckerly@cantonohio.gov
Fax # 330-489-3282

~PAYMENT IS TO BE SENT TO THE ATTENTION OF THE SAFETY DIRECTOR~

- ❖ Cost is \$10.00 per load
- ❖ Please make check payable to: The City of Canton
- ❖ Mail check to 218 Cleveland Ave. SW, Canton, OH 44702