



Off Truck Route Permit

Roadway Remediation Permit #: _____

Permit #: _____ Effective Date: _____

Expiration Date: 12/31/____

****Please allow 24 hours of processing time for completion of this application****

Vehicle Owner: _____

Address: _____

Phone #: _____ E-mail: _____

Unit #: _____ License Plate: _____

Name of Destination Gas Well Pad: _____

Address of Destination Gas Well Pad: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that if, at any time, any of the items stated on the application change, I will notify the Town of Argyle immediately. I understand that this permit is to cover the above-listed destination only and that any other destination within the corporate limits will require a new permit.

Signature

Printed Name: