



TEMPORARY ROAD USE PERMIT

Applicant Name _____

Address _____

Phone _____ Cell _____

Email _____

HAULING DATES ____/____/____ TO ____/____/____

HAULING FROM: _____

HAULING TO: _____

ROUTE: _____

HAULING VEHICLE(S) DESCRIPTION _____ LICENSE NO(S): _____

DESCRIPTION OF MOVE (circle all that apply)

CATTLE HAULING MANURE HAULING FEED HAULING OTHER

(DESCRIBE MOVE DETAILS) _____

I attest that I have read and agree to the terms and conditions as outlined in the Millerville Township Road Use Policy.

All permit applications must be submitted a minimum of 48 hours before the requested issue date.

To expedite your application, notify a Township supervisor by phone. Contact information can be found at www.millervilletownship.com

Applicant Signature

Office use only below this line

PERMIT DURATION _____ (DAYS)

ISSUE DATE ____/____/____

EXPIRATION DATE ____/____/____

APPROVAL DETAILS/RESTRICTIONS _____

DATE _____

(Township supervisor signature)

This permit authorizes movement on Millerville Township Roads only. Questions regarding this permit should be directed to a Township Supervisor. Contact information can be found at: www.millervilletownship.com