



County of Newell No. 4

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Website: www.countyofnewell.ab.ca
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COUNTY OF NEWELL PERMIT

Date Issued:	Application #
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COMPANY AND PERMIT INFORMATION

Company Name:	<input type="text"/>	Applicant Name:	<input type="text"/>
E-Mail Address:	<input type="text"/>	Telephone:	<input type="text"/>

County Self Issue Permit #	<input type="text"/>	Provincial Permit # (M.V.I.D.)	<input type="text"/>
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EQUIPMENT INFORMATION

PLEASE DESCRIBE EACH PIECE OF EQUIPMENT SEPARATELY - PLEASE INCLUDE UNIT NUMBER

Unit Number	Unit Description	Dimensions & Weight							
1	<input type="text"/>	W	<input type="text"/>	H	<input type="text"/>	L	<input type="text"/>	Weight	<input type="text"/>
2	<input type="text"/>	W	<input type="text"/>	H	<input type="text"/>	L	<input type="text"/>	Weight	<input type="text"/>
3	<input type="text"/>	W	<input type="text"/>	H	<input type="text"/>	L	<input type="text"/>	Weight	<input type="text"/>
4	<input type="text"/>	W	<input type="text"/>	H	<input type="text"/>	L	<input type="text"/>	Weight	<input type="text"/>
5	<input type="text"/>	W	<input type="text"/>	H	<input type="text"/>	L	<input type="text"/>	Weight	<input type="text"/>
6	<input type="text"/>	W	<input type="text"/>	H	<input type="text"/>	L	<input type="text"/>	Weight	<input type="text"/>

DETAILED MOVE INFORMATION

Date of Move:	<input type="text"/>	Start Time of Move:	<input type="text"/>
Start L.S.D.:	<input type="text"/>	End L.S.D.:	<input type="text"/>
Route Line 1:	<input type="text"/>		
Route Line 2:	<input type="text"/>		
Route Line 3:	<input type="text"/>		
Route Line 4:	<input type="text"/>		

NOTE: Incomplete information will VOID your permit.
Once completed, submit the form and you will receive a copy in your email.
Print the copy in your email.