

**HINDS COUNTY DEPARTMENT OF PUBLIC WORKS
APPLICATION FOR ROUTE PERMIT**

RECEIVED BY HINDS COUNTY DEPARTMENT OF PUBLIC WORKS DATE _____ TIME _____ HCRP NUMBER _____
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COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

CONTACT PERSON: _____
(NAME AND TITLE)

MATERIAL HAULED FROM: _____
ADDRESS

SECTION	TOWNSHIP	RANGE
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MATERIAL HAULED TO: _____
ADDRESS

SECTION	TOWNSHIP	RANGE
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NO. LOADS/DAY: _____

TOTAL NO. LOADS: _____

ROUTE REQUESTED: _____

ROUTE APPROVED: _____

AMOUNT OF BOND IF REQUIRED: _____

DATE RECEIVED: _____

DATE RETURNED: _____

AMOUNT RETURNED: _____

The hauler agrees to comply with all terms and conditions of the Board's Resolution governing the issuance of the route permits.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

DATE

RECEIVED AND APPROVED BY: _____
ENGINEERING MANAGER

DATE

APPROVED BY: _____
PUBLIC WORKS DIRECTOR

DATE