

ATTACHMENT E

FILL IN LINES MARKED WITH AN “X”

FAX BACK TO: 1-907-365-1221 OR 1-866-345-2641(Toll Free)

REQUEST FOR EXCEPTION TO WEIGHT RESTRICTIONS

X CONTACT NAME _____ REPRESENTING: _____ TEL: _____

X CO. TRANSPORTING LOAD: _____ TEL: _____ FAX: _____

X DESCRIPTION OF LOAD OR VEHICLE-- INCLUDE MAKE AND MODEL & APPURTENANCES

X REQUESTED DATE (S) _____ RETURN TO ORIGIN: ☐ YES ☐ NO

X ORIGIN: _____

X DESTINATION: _____ APPROX. MILES: _____

X ROUTE: _____

X REASON FOR REQUEST:

X # OF TIRES

X SPACINGS:

X WEIGHT _____

X TIRE WDH _____

X TIRE LOAD _____

X NAME _____ DATE _____

-----FOR OFFICIAL USE ONLY-----

_____ REQUEST DENIED _____ REQUEST APPROVED

VALID ONLY FOR FOLLOWING TIME PERIOD _____

_____ CONDITIONAL APPROVAL GRANTED PROVIDED THE FOLLOWING MITIGATION MEASURES ARE TAKEN:

ADD _____ MORE AXLES; REMOVE _____; RESTRICT TRAVEL TO _____

TRAVEL AT A MAXIMUM HIGHWAY SPEED OF _____ MPH.

BY: _____

NAME DOT/PF AREA DATE

NAME DOT/PF AREA DATE

NAME _____ MUNICIPALITY OF ANCHORAGE _____ DATE _____