



Lockport

POLICE DEPARTMENT

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Chief

OVERWEIGHT MOVE APPROVAL

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

CONTACT: _____

MOVE DATE: _____

EQUIPMENT: _____

WEIGHT: _____

AXLES: _____

DESTINATION: _____

ROUTE: _____

APPROVED BY : _____