

Haul Route Permit Information

Contractor Name: _____

Contractor Contact Information: _____

Project Number: _____

Project Description: _____

Issuing County Road Association: _____

Permit Number: _____

Permit Issuance Date: _____

Permit Fee Requirements: _____

Permit Bond/Line of Credit Requirements: _____

FAX this completed form to MITA (Att: Bob Patzer) at:

517-347-8344