No.____

2025 KINGSBURY COUNTY HIGHWAY USE PERMIT

Annual Permit Single Trip

**********ISSUED SUBJECT TO ALL APPLICABLE LAWS AND REGULATIONS*********

DATE_____TIME_____

CARRIER_____

ADDRESS_____ SEND PERMIT TO_____

ROUTES TRAVELED_____ ADDRESS_____

CARGO_____ TELEPHONE #_____

*PERMIT VALID ONLY FOR FUEL/PROPANE, COMMERICAL FEED & SEED

TRUCK_____ STATE_____LICENSE#_____SERIAL #_____

TRAILER_____ STATE_____LICENSE#_____SERIAL #_____

GENERAL PERMIT
INFORMATION_____

_____

____TRIP PERMIT_____

____TEMPORARY FUEL PERMIT_____

____OVERSIZE PERMIT WIDTH_____LENGTH_____HEIGHT_____

____OVERWEIGHT PERMIT GROSS WEIGHT_____#OF AXLES_____

____SPECIAL PERMIT_____

*A COPY OF THIS PERMIT MUST BE CARRIED IN EACH VEHICLE
AND MUST BE DISPLAYED UPON DEMAND OF ANY LAW ENFORCEMENT
OFFICIAL OR HIGHWAY SUPERINTENDENT

KINGSBURY CO HIGHWAY DEPT

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ISSUED BY HIGHWAY SUPERINTENDENT