

## TOWN OF RED CEDAR OVERWEIGHT VEHICLE EXEMPTION WAIVER

Town of Red Cedar • Dunn County, Wisconsin  
Town Hall (door mail slot only) - E6591 627<sup>th</sup> Avenue, Menomonie, WI 54751  
Correspondence Address: Town of Red Cedar Clerk, E6990 720<sup>th</sup> Ave., Menomonie, WI 54751  
Chairman - (715) 556-2244 • Clerk – (715) 556-5034  
Email – [clerk@redcedar.gov](mailto:clerk@redcedar.gov) • Website – [redcedar.gov](http://redcedar.gov)

Applicant/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Representative's Name: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### WAIVER EFFECTIVE

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### WAIVER EXPIRES

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

(This Waiver is NOT valid unless fee is paid to the Town Clerk  
and application is signed by the Authorized Designee  
of the Town of Red Cedar.)

Truck Description and License Number: (List all trucks you wish to exempt):  
\_\_\_\_\_

Trailer Description and License Number: (List all trailers you wish to exempt):  
\_\_\_\_\_

Total Unit Weight – Not Loaded (List each unit):  
\_\_\_\_\_

Total Unit Weight – Loaded (List each unit):  
\_\_\_\_\_

Truck Route Exemption Applied For (Write description, mark, and attach map):  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* COPY of the APPROVED WAIVER MUST BE WITH EXEMPTED UNIT TO BE VALID \*\*\*

### DO NOT WRITE BELOW THIS LINE

### WAIVER APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and exemption waiver issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Weight Limits of Vehicles on Town Roads Ordinance (2013-3) of the Town of Red Cedar. The waiver, as issued, applies only to the above-described vehicle(s) during operations as permitted. The waiver, as issued, is not transferable, is revocable, and can be suspended by the town board or its designee at any time for good cause.

Approved

By: \_\_\_\_\_  
(Authorized designee of the Town of Red Cedar)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Fee Received: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Date Waiver Issued: \_\_\_\_\_

Waiver No.: \_\_\_\_\_

Restrictions/Special Limitations: \_\_\_\_\_

Supplemental Provisions Attached: ☐-Yes ☐-No

NOTE: This application, when officially approved by the Permitting Authority, shall serve as the required Waiver from the Town of Red Cedar. It is the responsibility of the applicant to obtain any permits that may be required from federal, state, and/or county agencies.