

BOROUGH OF LEHIGHTON

SNOW PLOWING PERMIT

Permit # _____

NAME OF COMPANY/PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

MAKE/MODEL OF TRUCKS: _____

INSURANCE COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LOCATION(S) YOU WILL BE PLOWING: _____

FREQUENCY OF PLOWING: ALL WINTER _____ ONE TIME ONLY _____

***** MUST BRING PHOTO LICENSE FOR EACH PERSON FOR COPYING *****