



**THIS PERMIT MUST BE
CARRIED IN THE VEHICLE**

CITY OF WOODLAND

APPLICATION TO WAIVE SEASONAL LOAD LIMIT
PUBLIC HEALTH ISSUE – SEPTIC PUMPING PERMIT
ONE TRIP ONLY – TO AND FROM PROPERTY

Address Being Served _____

Septic Pumping Company _____

Date and Time of Trip _____

Description of Vehicle _____

License Plate Number on Vehicle _____

Gross Registered Weight _____ (found on vehicle license plate)

IN CONSIDERATION FOR GRANTING OF THIS PERMIT, _____
(Name of Septic Pumping Company)

**hereby agrees to repair, or cause to be repaired, at the direction of the Woodland City Council, any
damage to City streets by the vehicle described above.**

Applicant Name _____ **Applicant Signature** _____
(Please Print)

<p>FOR CITY USE No Fee for Public Health Emergency Vehicles</p> <p>Date Granted _____</p> <p>By _____</p>
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