



CITY of HIGHWOOD

17 Highwood Avenue / Highwood, IL 60040
847.432.1924 / 0735 Fax

Temporary Street Use Permit

Fees: \$50 for each roundtrip

Name of applicant: _____ Phone: _____

Address of applicant: _____

Name of vehicle owner: _____

Address of vehicle owner: _____

Vehicle license plate number: _____ State: _____

Description of vehicle: _____

Load to be operated or moved: _____

Identify height, weight, width and length of vehicle with load: _____

Single trip? Yes / No (circle one) Number of multiple individual trips: _____

Date and time of single trip, if applicable: _____

Dates and times of multiple individual trips: _____

Point of origin of vehicle: _____

Vehicle destination: _____

Is the vehicle being operated for hire? Yes / No (circle one)

Describe the route that you, the applicant, desire to operate the subject vehicle: _____
