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Transportation		PERMIT VALID:				PERMIT NUMBER							
CITY OF S	FROM:	FHOM:											
IN COMPLIANCE WIT													
TERMS, CONDITIONS	RITTEN BELOW	LL 1											
AND IN THE ATTACH. GRANTED TO:	HERBY	MOVING AUTHORIZED:											
NAME	SATURDAY:												
							THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:						
ADDRESS		SUNDAY:											
CITY/STATE/ZIP	DARKNES	Permit Conditions											
			Holiday Restrictions										
OFFICE PHONE NUMBER (FAX NUMBER (In	(Include Area Code)											
(SHOW A DISCRIPTION OF TH	IE LOAD OR EQUIP	MENT AND M	ODEL NO INCLI	UDE DIMENSION'S	OF LOAD)			Ц—		-			
Authorization is granted for	Tow												
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DESCRIPTION OF HAULING	EQUIPMENT:												
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VIDTH OF AXLES AT IRE SIDEWALL													
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SH, CHARGE, CREDIT CARD OR EMPT INFORMATION				APPLICANT SIGNATURE					DATE				
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DUESTED ROUTE: (Include	Address of Origin	and Deliver	y Site)		-								
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Upon request by law enforcement (e.g. CHP, LA County Sheriff), the driver shall provide sufficient evidence as determined by law enforcement or the City of Santa Clarita that the origin or destination of the vehicle is located within the City limits of the City of Santa Clarita. Sufficient evidence includes but is not limited to a valid invoice or manifest. The location can be either an address or parcel number (APN). The delivery date shall be within the valid dates of the permit. In addition, the driver shall abide by the City's map of prohibited and limited routes (available on the City's website at www.santaclarita.gov).