



# ARCADIA POLICE DEPARTMENT

Diana M. Anderson, Chief

Police Dept.: 203 W. Main St., Arcadia, WI 54612: (608) 323-3359: Fax (608) 323-2257

## Arcadia Police Department

### Heavy Traffic Temporary Permit Application

Application Date: \_\_\_\_\_

The application needs to be completely filled out and turned in to the Arcadia City Hall no sooner than two weeks prior to the start of the project. The Arcadia City Hall will then present the application to the Arcadia Police Chief for review. Once the Chief of Police or her designee has authorized or denied your permit application they will contact you via phone and email/or mail out your authorization letter to your address listed below.

Start Date of Permit: \_\_\_\_\_

Projected End date of Permit: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Company Phone Number: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Project Manager Name: \_\_\_\_\_

Project Manager Phone Number: \_\_\_\_\_

Project Manager Email Address: \_\_\_\_\_

\*\*\*Please attach company and project manager business cards\*\*\*

Please list description of project and equipment that will be used or that will travel down the city streets during the permitted time frame:

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\_\_\_\_\_ (name of business) will hold the City of Arcadia harmless for any damage to the public streets or private / public property or any personal injuries which results from any damages.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date:

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**Authorization or Decline Permit Application:**

Date Application Received: \_\_\_\_\_

Application Granted: yes / no

Dates Permit Valid: \_\_\_\_\_ to \_\_\_\_\_

Streets Permit Valid on/ or description as to why permit was denied:

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Official Authorizing or Denying Permit:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title : \_\_\_\_\_

Date: \_\_\_\_\_