

**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 \*\*\***