Oversized Load Proof of Notification

(Phone:	, FAX:	, email:)
This section to be filled out by Mover and emailed or faxed to				
Company name and address:				
Contact name:				
email: Phone number:		FAX:		
	Driver Mobile #			
Initial contact date: Date of move (must be at least Time of move:	10 days after the	initial contact):		
	Loc	ad Description		
	measurements in feet-	-inches i.e. 12 feet 6 inch		
Object to be moved: Width:				
Length of load and transport ve	ehicle combined:			
Height of object as loaded. Me Proposed route description (at	-			
The Mover is not authorized to manipulate lines or other infrastructure. Only staff is authorized to raise or lower power lines or remove other property to accommodate the oversized load. A map of Nebraska electric utility boundaries is maintained at http://nprb.gisworkshop.com/				
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This section to be filled out by				
Date notification received:				
Approved by:		Tit	:le:	
Approved route description/m	ap attached*			
Load requires an esc	ort by (Initial by	Load do representative)	es not require an es	cort
Additional requirements/restrictions				
* Approved ro	•	r the signature of ttached to this docun	•	/e