SCHEDULE "C"

The Town of Sylvan Lake DANGEROUS GOODS ROUTE PERMIT Bylaw # 1526/2010

Off Route Permit #
Permission is hereby granted to:
Name:
Address:
Telephone:
Route
From:
To:
Via:
Permit Valid
From (date/time):
To (date/time):
Name of Dangerous Goods:
volume of Dangerous Goods:
Guide # ID#
Vehicle License # Description
CONDITIONS
1. This permit number or copy of this permit number (if issued by telephone) must be
carried in the vehicle or vehicles affected.
The applicant shall keep the Town of Sylvan Lake fully indemnified from any loss of damage that may arise from the transportation of the said dangerous goods.
3. The applicant shall take every precaution necessary to prevent damage to property
or injury to person or persons as a result of the transportation of said dangerous goods.
4. When loading or unloading dangerous goods, no portion of the vehicle shall
protrude on or into any pedestrian or vehicular right-of-way.
5. Failure to comply with the conditions of this permit may result in prosecution.
or ramate to comply that the continuous or the permit may receive in precedulation
Additional Comments:
Date & Time Issued:
Signature of Applicant:

Signature of By Law Enforcement: