



TRAFFIC LIGHT TURNING REQUEST

Crew Phone for Day-of Request 780.903-4976 (try first) 780 992 6258
EMERGENCY 24 Hour City (After Regular Hours) 780.439.7574

Alberta Transportation & Utilities Permit #

\$190.00 PER INTERSECTION + GST

PO # _____

DATE _____ COMPANY _____

CONTACT NAME _____ EMAIL _____

ADDRESS: _____

PHONE _____ FAX _____

VEHICLE TO BE MOVED: _____ LICENSE PLATE: _____

WIDTH (m) _____ NO. OF WHEELS _____ AXLES _____

OVERALL LENGTH (m) _____ WHEEL BASE (SINGLE UNIT) _____

HEIGHT TO TOP LOAD (m) _____ GROSS VEHICLE WEIGHT (kg) _____

MOVED FROM _____ MOVED TO _____

ROUTE TO BE FOLLOWED	FROM HWY #	NORTH	SOUTH	EAST	WEST
(Circle the application direction)	TO HWY #	NORTH	SOUTH	EAST	WEST
	FROM HWY #	NORTH	SOUTH	EAST	WEST
	TO HWY #	NORTH	SOUTH	EAST	WEST
	FROM HWY #	NORTH	SOUTH	EAST	WEST
	TO HWY #	NORTH	SOUTH	EAST	WEST

REQUEST LIGHTS BE TURNED ON DATE _____ TIME _____ AM / PM

MEETING PLACE _____

THIS APPLICATION IS APPROVED SUBJECT TO THE FOLLOWING CONDITIONS REFUSED

1. The applicant must contact all other utility companies.
2. This request is limited to the City of Fort Saskatchewan corporate limits only.
3. This approved request must be carried in the vehicle(s) affected.
4. The applicant agrees to pay all damages caused to any highway or road infrastructure or surface as a result of this move.
5. The applicant agrees to indemnify the City of Fort Saskatchewan from any loss or damage that may arise from the moving of the said load of vehicle(s).
6. Special precautions required: _____

APPROVED BY _____ DATE _____
Public Works Representative

RETURN TO: lightturning@fortsask.ca Phone 780.992.6248 Fax 780.992-1375