



CENTRALINES LIMITED
 2 Peel Street, PO Box 59, Waipukurau 4242
 PHONE 06 858 7770 FAX 06 8586601 www.centralines.co.nz

CUSTOMER REQUEST FORM

FOR APPROVAL OF TRANSPORT OF HIGH LOAD THROUGH NETWORK AREA

APPLICANT TO COMPLETE

Request made by: Date:

Business Address:

Phone No. Fax No. Contact Name:

Cell No. Email Address:

Type of Load: Load height from road: metres

Load Width: metres Load width at highest point: metres

Desired travel route:

.....

Contractor's pilot:

Date of load travel: Time of entry into network area: hours

Date of load travel: Time of entry into network area: hours

Estimated travel period: hours

Estimated travel period: hours

The company making this request agrees to pay all charges made by Centralines Limited in connection with the transport of this load.

APPLICANT'S AUTHORISED OFFICER: (print name) (sign) (date)

Check box if you are attaching supporting imagery

APPROVAL OF TRANSPORT OF HIGH LOAD THROUGH NETWORK AREA

CENTRALINES TO COMPLETE

| | | |
|---|--------|-----------|
| Approval of running height of load: | Yes | No |
| Escort contact details phone: | Escort | No Escort |
| Transport accompaniment conditions: | | |
| | | |
| | | |
| | | |

Centralines
 Authorised Officer: (print name) (sign) (date) (permit No)