

Application for Over-Height Load

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Application By: _____

Contact Name: _____

Postal Address: _____

Phone Number: _____ Email : _____

Height of Load (Including Transporter): _____

Load Width: _____ Load width at highest point: _____

Length: _____

Type of Load: _____

Please provide a sketch and information of the load profile

Signed: _____ Date: _____

Route Details: - From: _____ To: _____

Route to be followed: _____

1.1.1.1 Date of Move	
1.1.1.2 Time of Move	
1.1.1.3 Time Entering Network	