



TOWN OF HUDSON

Board of Selectmen



12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6024 • Fax: 603-598-6481

Application Fee: \$25.00 per vehicle

Amount Paid: _____

APPLICATION FOR PERMIT TO OPERATE COMMERCIAL TRUCK PRIOR TO RESTRICTED HOURS AND/OR ON RESTRICTED STREETS

Name of Firm: _____ Date: _____

Address: _____

Telephone Number: _____ Number of Vehicles: _____

Explain, in detail, your need and necessity for exemption: _____

Recommendation of Police Chief: _____

The above application is ____ approved ____ denied. Permit ____ may ____ may not be issued.

Date: _____

APPROVED BY BOARD OF SELECTMEN

