

Coaldale Borough

221/223 Third street
PO Box 116
Coaldale, pa 18218

SNOW PLOWING PERMIT

Please complete the form below you must have your drivers license and a copy of the insurance for approval.

COMPANY INFORMATION:

Name: _____

Address: _____

Phone #: _____ Email: _____

DRIVER INFORMATION:

Name: _____

Address: _____

Phone #: _____ DL #: _____

INSURANCE INFORMATION:

Company Name: _____

Claims Address: _____

Phone #: _____ Policy #: _____

LOCATIONS YOU WILL BE PLOWING:

MAKE/ MODEL OF TRUCKS:

_____	_____
_____	_____
_____	_____

FREQUENCY OF PLOWING: ALL WINTER _____ ONE TIME ONLY _____

Permit Number: _____ Date: _____

Signature: _____