



MODIFICATION/REMOVAL OF HIGHWAY WEIGHT RESTRICTION

County	State Route	Begin Location	End Location	Miles	Existing Weight Restriction

For new construction/upgrades, provide date of construction approval: _____
Date

Date of previous Engineering and Traffic Study: _____
Date

The existing condition of the subject roadway which warranted restrictions to be posted no longer exists. Effective immediately, the weight restriction on the subject roadway shall be modified as noted or removed.

Recommended Action:

Recommended By: _____
Signature Date

District Pavement Manager Acceptance: _____
Signature Date

District Bridge Engineer Acknowledgement: _____
Signature Date

District Executive (or Designee) Authorization: _____
Signature Date

Copy of form given to RMS Coordinator on: _____
Date