Permit No. <u>V25-179</u>

APPLICATION FOR TEMPORARY MOTOR VEHICLE PERMIT

(ONE APPLICATION FOR EACH VEHICLE AT EACH JOB LOCATION)

CONDITIONS OF ALL MOTOR VEHICLE PERMITS ARE SUBJECT TO CHANGE

| Applicant Name: Cloverland Electric Cooperative, Inc. | | | | | Permit Fee: _ \$150 | | | |
|--|---------------------------------------|----------------------------|--|------------------------|---|-----------|----------------|--|
| Contact Name: | Johanna Wiltfong (f | or permitting); F | Pete Postula {local on-site | e (906) 440- | 1040} | Date: | 10/20/25 | |
| Address: 2916 W. | M-28 | | | City: | Dafter | | | |
| State: Michigan | | Zip: 49724 | Fax#: | (906) 635- | 6819 | | | |
| Phone #: (906) 632-5191 Email Address:jwiltfong@cloverland.com | | | | | | | | |
| Work Site: 2248 | B Edison Road | | | | | | | |
| Reason Vehicle | is Needed: Die | electric testing o | of utility trucks | | | | | |
| Vehicle Description: Chevrolet License.Plate#DF15530 Make | | | | | Silverado 2500 HD (white & blue) Model/Description | | | |
| Proposed Startin | ng & Ending Γ | Date: 11/18 | 3/25 - 11/ <u>18/25</u> T | otal Day | ys of U | Jsage: | _ 1 | |
| What Boat Line | & Dock: Arnol | d Freight - Briti | sh Landing | | | | | |
| Proposed Trave | Route: From B | ritish Landing to | 2248 Edison Road | | | | | |
| are based on the in uses and purposes | formation provided or violation of an | led on the ap | approval from the Coplication. Any use of ordinances or state action and revocation | r purpose law const | which itutes a | is contra | ry to approved | |
| Applicants Sign | ature: Johanna V | Viltfong Ja | Digitally signed by Johanna Wiltfong Digitally signed by Johanna Wiltfong Digitally Signed by Johanna Object 2025.10.20 11:21:31 -0410 | 00, | | Date: | 10/20/25 | |
| Please visit: city Mailing addres | yofmi.org for our sets: City of Ma | council dat ckinac Isla | nd, P. O. Box 455 | i, Macki | nac Isl | and, M | I, 49757 | |
| Phone: 906-84 | /-3/UZ | rax: 90 | JU-04 / -U43U | | rmal | i. cierk | @cityofmi.org | |
| | | | Pee Receiv | | | Con | ncil | |
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