

TOWN OF WILMOT
P.O. BOX 72
WILMOT NH 03287
603-526-4802

Date: _____

Permission to Allow Usage of a Posted Road

Name: _____
(Assignee)

Phone No: _____

Address: _____

Date(s) _____

Time: _____

Road to be used _____

Permission is hereby given to use the road(s) mentioned above for the given date(s) at the listed times:

Special instructions: _____

Signed: _____

Date: _____

Tim Martin, Road Agent

By signing the authorization below to allow usage of a posted road, I certify the following:

- I can use the posted roads only on the date(s) and time(s) indicated above
- I am responsible for any damage done to the road

Assignee Signature _____

Date _____