**Affidavit of Weight Limit**

County of , State of Wisconsin

I, (*your name*), being first duly sworn, do hereby state as follows:

1. That this affiant is an officer or employee of the Town/Village/City of

 , County.

1. That this affiant has personal knowledge concerning the weight limit restrictions placed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[insert name of road].
2. That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[insert name of road]
* has been designated a Class “B” highway

 or

* was posted with a seasonal or special weight limit for at least one month during the previous year.

Dated this day of , 2024.

(*Your signature*)

Subscribed and sworn before me this day of , 2024.

Town/Village Clerk, Town Chairperson, or Notary Public (*circle one*)

 My commission ends