



## 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