

Reporting of vehicle within weight restricted area

Registration mark of vehicle _____

Date of sighting _____

Time of sighting _____

Name or No. of road travelled on _____

Direction of travel From _____

To _____

Vehicle type _____

Any other details on vehicle
e.g. name, phone number _____

Observer's name (please print) _____

Signature _____

Parish / Town _____

Office Use Only

Ref

DVLA sent

Init