



Lakeland Power Co-op
PO Box 1497
Vegreville, AB T9C 1S6
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Fax: 780) 632-6116
After Hours / Emergency: 1-866-635-6112
E-mail: acctinfo@lakelandrea.ca

Lakeland Power Co-op
Request for High Load Escort

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Contact Person: _____ Date of Move: _____ No. of Loads: _____

Truck Driver: _____ Cellular #: _____ Arrival Time: _____

Load Height (Metric) _____ Load Width (Metric) _____

Starting Location: _____ Destination: _____

Route: (please indicate direction of travel) _____

Trucking Company P.O. #: _____

Comments: _____

Please:

- fax this form at least 1 week before load leaves
- notify R.E.A. 1 day before approaching area

FOR OFFICE USE ONLY

LAKELAND POWER CO-OP FILE # _____ DATE RECEIVED _____

REQUEST APPROVED BY _____ DATE _____

CHECKED BY _____ DATE _____

COMMENTS _____
