

Oversize Load Move Form



Loaded Height:  
Start Location:  
End Location:


Requestor Information

Name:  
Contact Number:  
Email:


Pole Number 1	Pole Number 2	Transmission Height	Primary Height	Secondary Height	Communication Height	Pole Top Assembly	Time & Date of Measurement	Temperature when Measured	Does not meet Minimum Clearance*	Comments	Mile Post



**Qualified Contractor** - Contact Member Services 761-9300 for a list of Qualified Contractors.

I \_\_\_\_\_, a duly authorized representative of the Qualified Contractor \_\_\_\_\_, hereby certified that the above clearance measurements were done under my supervision and are accurate to the best of my ability.

\_\_\_\_\_  
Representative

**Matanuska Electric Association, Inc. (MEA) - No Relocation Required**

The above clearances meet the minimum requirements to move the attached load along the attached route without relocation of MEA facilities.

\_\_\_\_\_  
Manager of Distribution Engineering

**Matanuska Electric Association, Inc. (MEA) - Relocation Required**

The above clearance do not meet the minimum requirements, based on the load size and route provided. A Qualified Contractor shall provide a written plan h to MEA to address the clearance issues.

Upon receipt and approval of the plan, MEA shall issue written notice to proceed.

\_\_\_\_\_  
Manager of Distribution Engineering

**Attachments**

Load Description, with dimensions and hieght above ground

Route description or map

\*To be filled out by MEA