

BHE Canada High Load Moves - Request Form

Contact Information:		
Contact Person:		
Contact Phone Numb	er:	
Contact Email Addres	s:	
Company Name (if ap	plicable):	
Billing Address:		
Load Supervisor/Drive	er (If different from Contact Perso	on):
Load Supervisor/Drive	er Phone Number:	
PO Number:		
<u>Load Information:</u>		
Load Type (Building/1	ank/Module etc.):	
Load Move Date and	Time (Start):	
Departing From (Nam	e/Address/Legal Description):	
Destination (Name/A	ddress/ Legal Description):	
Load Dimensions (In I	Metres) – Please provide largest d	limension for a given category
Height:	Width:	Length:
Planned Route:		
Additional Comments	:	