Unconventional Vehicle Permit Application

Name of Owner:	
Address:	
Phone Number: Email A	Address:
Type of Vehicle: UTV GOLF W	/SUV 🗆 MUT 🗆 LSV
Make/Mode: Colo	r:
VIN Number:	
Insurance Company:	
Insurance Policy Number:	
I have received a copy of the current ordinance and will obey all sections which pertain to my permit:	
Signature:	_ Date:
FOR OFFICE USE ONLY:	
Received by:	Date:
Permit Number:	Expiration Date:
□ Current copy of Ordinance provided	
Vehicle has:	
 Headlights Brake lights Turn signals Mirror (s) Seatbelts 	
ATTACHED:	
□ Copy of Proof of Insurance	