

City of Watonga
UTV PERMIT APPLICATION

Date Permit Received: _____ Assigned Permit No. _____
Expiration Date: _____

OWNER INFORMATION:

Name: _____
Address: _____
City: _____, State: _____ Zip: _____
Driver's License No. _____ State Issued: _____
Phone No.: _____ Cell No.: _____

VEHICLE INFORMATION:

VIN#: _____
Make: _____
Model: _____ Year: _____

Proof of Ownership:

Title No.: _____

INSURANCE INFORMATION

Name of Provider: _____
Policy Number: _____
Policy Effective Dates: _____ to _____

**** If the Insurance Policy changes or expires prior to the expiration of the permit, you must provide proof of current insurance information to the City Clerk.**

I hereby state I am the rightful owner of the above mentioned vehicle and the information provided is, to the best of my knowledge, true and correct.

Owner's Signature
If Owner is a minor, parents signature is required.

Date

Parent's Signature

Date