

ATV OR OTHER OFF-ROAD MOTORIZED VEHICLE
REGISTRATION FOR PERMIT

Vehicle owner: _____

Owners address: _____

Location of vehicle if not as above: _____

Make and Model of Vehicle: _____

State Registration Number/expiration date: _____

Fee: \$25 per year. _____ (payees initials)

I/we understand and accept the requirements as stated in Ordinance 4 of 2018 and agree to comply with all conditions. Failure to do so may result in the revocation of authority to operate such vehicle on any street within the Town of Williamsburg.

_____ Date: _____

Vehicle owners signature

_____ Date: _____

Accepted for Town of Williamsburg