



City of Greenbush ATV/UTV/Golf Cart PERMIT APPLICATION FORM



Applicant Name _____ Date _____

Address _____

Phone Number _____ Driver's License Number _____

ATV/UTV/GOLF CART INFORMATION:

Make _____ Model _____

Year _____ Serial Number _____

INSURANCE INFORMATION:

Insurance Carrier Name _____

Insurance Policy Number _____

Slow Moving Vehicle Sign Installed Rear View Mirror Installed

I hereby certify that the above information is true and correct to the best of my knowledge.

Applicant Signature

Date

ALL PERMITS EXPIRE ON 1 YEAR FROM THE DATE IN WHICH THEY WERE ISSUED.

I hereby certify that the above information is still true and correct to the best of my knowledge.

Applicant Signature

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