

CITY OF LOWRY CITY ATV PERMIT APPLICATION

Driver #1:_____ Driver License #_____

Driver #2:_____ Driver License #_____

Driver #3:_____ Driver License #_____

Driver #4:_____ Driver License #_____

Driver #5:_____ Driver License #_____

Insurance Company:_____ Policy #:_____
Copy of insurance attached.

Address of vehicle:_____

Type of Vehicle:_____ Engine displacement:_____

Make:_____ Model number:_____

State Registration number:_____

Copies of the Lowry City Ordinance #09-06 will be given to every applicant for an ATV permit.

Your signature below is confirmation that you received a copy of said ordinance.

Driver #1:_____ Date_____

Driver #2:_____ Date_____

Driver #3:_____ Date_____

Driver #4:_____ Date_____

Driver #5:_____ Date_____

City Use Only

Flag number_____ Clerk Initials_____ Permit recorded_____ \$15.00 fee collected_____

Proof of insurance_____

Comments: