

FEE: \$25.00



RECEIPT #: \_\_\_\_\_

NEW STICKER #: \_\_\_\_\_

## ATV/UTV/Golf Cart Renewal Form

### QUALIFICATIONS FOR RENEWAL:

- Your ATV/UTV/Golf Cart machine was registered with the City of Brillion last year
- Ownership of your machine was maintained by registrant throughout previous year
- Your machine's State of Wisconsin registration is current

No changes or modifications have been done to your machine in previous year

### IF ALL ABOVE STATED CRITERIA IS MET PLEASE COMPELTE THE FOLLOWING

Owner Name: \_\_\_\_\_ Dob: \_\_\_\_\_  
(First Mi. Last)

Co-Owner Name: \_\_\_\_\_ Dob: \_\_\_\_\_  
(First Mi. Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### MACHINE FOR WHICH YOU ARE RENEWING

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

### PLEASE UPDATE THE FOLLOWING INFORMATION IF THERE HAVE BEEN ANY CHANGES SINCE LAST YEAR'S REGISTRATION

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

State Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ATV/UTV/Golf Cart Color: \_\_\_\_\_

Address Where Machine Will Be Kept (If Different): \_\_\_\_\_

I, \_\_\_\_\_, certify that I will follow all requirements for operating an ATV, UTV, and/or Golf Cart in The City of Brillion. I also agree and attest that all the above information is true, complete, and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Return Completed Form to Brillion City Hall