

CITY OF SIDNEY ATV-UTV REGISTRATION

Sidney Permit # _____

First Name: _____

Last Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

DL# State, _____

Make: _____

Model: _____

Year: _____

Color: _____

Vin: _____

Insurance Provider: _____

Agent: _____

Phone Number: _____

Policy #: _____

State Liability Limit 20%,40%,15%

I understand this permit is issued to me and is to be clearly displayed on the rear of the ATV_UTV. I understand all drivers must meet requirements of the City of Sidney's Ordinance #215 and that I have received a copy of said Ordinance

Operator/Owner: Accept

Reject

Operator/Owner shall intital each item to indicate the ATV_UTV is in compliance with Ordianace # 215

Bicycle Safety Flag

Head lights

Tail Lights

Adequate Brake

Brake lights

SIGNATURE OF Owner/Operator _____

Print: _____

Date Paid _____

Issued by _____