

FEE: \$25.00



RECEIPT #: _____

NEW STICKER #: _____

ATV/GOLF CART RENEWAL FORM

QUALIFICATIONS FOR RENEWAL:

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

IF ALL ABOVE STATED CRITERIA IS MET PLEASE COMPLETE THE FOLLOWING

OWNER NAME: _____ DOB: _____
(Last, First, Middle Initial)

CO-OWNER NAME: _____ DOB: _____
(Last, First, Middle Initial)

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 YEARS REGISTRATION

INSURANCE COMPANY: _____ POLICY #: _____

STATE REGISRATION #: _____ EXPIRATION DATE: _____

ATV/GOLF CART COLOR: _____

ADDRESS WHERE ATV/GOLF CART WILL BE KEPT: _____

I _____ certify that I will follow all requirements for operating an ATV/Golf Cart. I also agree and attest that all of the above information is true, complete and correct to the best of my knowledge.

Signed: _____ Date: _____

Witness: _____ Date: _____