

City of Sabetha Special Vehicle Registration

New Applicant Renewal

Registration Number: _____

1. Name of Registered Owner: _____

2. Address: _____

3. Type of Vehicle: Micro-Utility Work-Site Utility

All-Terrain Golf Cart

4. Year: _____ Make: _____ Model: _____

5. Serial/VIN: _____

6. Current Insurance Provided? Yes No
(a) Attach photocopy of proof of insurance to application

7. Insurance Company: _____

Policy Number: _____

8. Vehicle Examination Completed by the Sabetha Police Department on:
_____ day of _____, 20____.

Officer: _____ I.D. _____

9. Vehicle Registration Fee Paid? Yes No

I acknowledge that I am aware that in operating my vehicle I am susceptible to the guidelines set forth by the governing ordinance and to the laws and penalties of the State of Kansas and the City of Sabetha.

I affirm under penalty and perjury that the information that I have listed above is truthful and correct to the best of knowledge.

Signature: _____ Date: _____