

CITY OF SABETHA

SPECIAL VEHICLE REGISTRATION

YEAR _____

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 Number _____

6. Current Insurance Company _____

7. Policy Number _____

8. Vehicle Examination Completed by Sabetha Police Department:

Date _____ Officer _____

I acknowledge 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 my knowledge.

Signature _____ Date _____