



THE CITY OF GREENSBURG

UTV Permit Application

Greensburg Police Registration # _____

Name _____ Vehicle# _____

DOB _____ DL# _____

Address _____ Phone _____

UTV Info

Make _____ Model _____ Year _____

Color _____ VIN _____

Insurance Provider _____ Policy _____

BMV Registration _____

___ Headlights ___ Brake lights ___ Turn Signals

___ Seatbelts ___ Taillights

Officer's Signature _____ Date _____

I acknowledge the receipt of Ordinance #2019-40 and do agree to abide by all requirements of these City of Greensburg Ordinances.

Applicant's Signature _____ Date _____