



SPECIALTY VEHICLE REGISTRATION

(one permit/decal per vehicle, copy of insurance and payment of \$30.00 must be attached to application)

Name of Owner: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# _____

Type of Vehicle:

Micro Utility Truck (MUT) _____

All Terrain Vehicle (ATV) _____

Golf Cart (GC) _____

Worksite Utility (WU) _____

Motor Type: Gas: _____

Electric: _____

Make: _____

Model: _____

VIN/Serial Number: _____

Color: _____

Insurance Company: _____

Policy Number: _____

Headlights: Yes _____ No _____

Taillights: Yes _____ No _____

TO BE COMPLETED BY CITY STAFF

Decal # _____ Issued Date: _____ Expiration Date: _____

Amount Collected \$ _____ Clerk: _____

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