

OFFICE USE ONLY

Permit No. _____

Receipt No. _____

Date: _____

iWorq Entry: _____



City of Austin

Special Vehicle Permit

City of Austin ♦ 500 4th Avenue NE

507-437-9940

www.ci.austin.mn.us

Applicant Information

Applicant Name:

Applicant Address:

Applicant Phone Number:

Driver's License Number:

Make and Model of UTV:

E-Mail Address:

UTV State License (Registration) Number:

Color:

Year:

Insurance Company and Policy Number:

You must provide a copy of your driver's license and proof of insurance.

Government Data Practices Act: The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to process the permit without it. Some of the data will be classified as public data if and when the permit is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

I certify that I have read ordinance no. 664 and my UTV is in compliance with all of the required equipment and I will operate my UTV in accordance with the ordinance and State law. I will maintain liability insurance on my UTV. I will notify the City of Austin, Clerk's Office, if I change insurance carriers.

I certify that the information provided on this form is accurate and complete.

SIGNATURE

DATE SIGNED