

CITY OF AUBURN

161 WEST 9th • P.O. BOX 160 • AUBURN, KANSAS 66402
Ph (785) 256-2426 Fax (785) 256-2908

Application License to Operate Work-Site Utility Vehicle (UTV)

Name of Owner: _____

Address of Owner: _____

Home phone: _____

Cell phone: _____

Description of Vehicle:

Make: _____

Model: _____

Serial number (if applicable): _____

Insurance:

Company: _____

Agents Name: _____

Policy Number: _____

Agent Phone Number: _____

Effective Dates: _____

Inspection: (to be completed by Auburn Police Department)

Standard exhaust

Footrests for passenger

Lights

Seatbelts

Brakes

Factory Specification

Seat for passenger

(Owner must provide in writing)

Official Use:

Date _____

Fee \$ _____

Tag No. _____

Expires: _____

Inspected and approved by:

Officer's Name: _____
(please print)

Officer's Signature: _____

Inspection Date: _____