

FEE: \$25.00



RECEIPT #: _____
NEW STICKER #: _____

ATV/UTV/GOLF CART Renewal Form

Qualifications for your renewal:

- Your ATV/UTV/Golf Cart unit was registered with the City of Brillion last year
- Ownership your machine was maintained by registrant throughout the previous year
- Your machine's State of Wisconsin registration is current
- No changes or modifications have been done to your machine in previous year

IF ALL ABOVE STATED CRITERIA IS MET PLEASE COMPLETE THE FOLLOWING

OWNER NAME: _____ DOB: _____
(Last, First, Middle Initial)

CO-OWNER NAME: _____ DOB: _____
(Last, First, Middle Initial)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE 1: _____ PHONE 2: _____

MACHINE FOR WHICH YOU ARE RENEWING

MAKE: _____ MODEL: _____ COLOR: _____

**PLEASE UPDATE THE FOLLOWING INFORMATION
IF THERE HAVE BEEN ANY CHANGES SINCE LAST YEARS REGISTRATION**

INSURANCE COMPANY: _____ POLICY #: _____

STATE REGISTRATION #: _____ EXPIRATION DATE: _____

ATV/GOLF CART COLOR: _____

ADDRESS WHERE ATV/GOLF CART WILL BE KEPT: _____

I _____ certify that I will follow all requirements for operating an
ATV/UTV/Golf Cart in the City of Brillion. I also agree and attest that all the above information is true,
complete and correct to the best of my knowledge.

Signed: _____ Date: _____

Witness: _____ Date: _____