



VEHICLE REGISTRATION

General Information

(Please print)

Name: _____

Village Address: _____

Phone Number: _____ Email: _____

Type of Vehicle

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Car | <input type="checkbox"/> SUV |
| <input type="checkbox"/> Truck | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Van | <input type="checkbox"/> Mo-Ped |
| <input type="checkbox"/> Other _____ | |

Make of Car: _____ Model: _____ Year: _____

License Plate #: _____ State Issued: _____ Color: _____

Green Sticker #: _____ Date Issued: _____

Will this be replacing another vehicle? YES _____ NO _____

Year _____ Make _____ Model _____

Numbered car sticker tags are available in the Village Office where this form must be submitted.

I/WE WILL NOT HAVE ANY VEHICLES REGISTERED/PARKED AT THE ABOVE ADDRESS. _____ INITIALS _____ INITIALS _____

Signature of Resident

Signature of Co-Resident