

# Town of Clendenin

103 First Street,  
PHONE (304)548-4192

P.O. Box 694,

Clendenin, WV 25045  
FAX (304)548-4134

## ATV PERMIT APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Dates \_\_\_\_\_ to \_\_\_\_\_

Year \_\_\_\_\_ . Make \_\_\_\_\_ Color \_\_\_\_\_

VIN \_\_\_\_\_

I herby acknowledge and fully understand the ATV ordinance for the Town of Clendenin and also understand under no circumstance that the Town of Clendenin can be held liable for any reason while operating above ATV.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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For Office Use Only:

All lights working [ ]

Exhaust with in compliance [ ]

Number of seat recommended from manufacturer \_\_\_\_\_

Officer Name: \_\_\_\_\_

Badge Number \_\_\_\_\_ Date Inspection Completed \_\_\_\_\_

Registration Number \_\_\_\_\_

(Provided by the Town)