



LAKENGREN RECREATIONAL VEHICLE INSPECTION FORM

NOTE: Subject vehicle must meet all requirements, or registration by LPOA will be denied. Owner must present this inspection form to the LPOA Office when applying for LPOA vehicle sticker. Inspection must be completed by an LPOA employee.

Owner's Name: _____ Lot#: _____

Address: _____ Phone#: _____

Type of Recreational Vehicle: _____ Year/Make: _____

Color: _____ Vehicle I.D. Number: _____

RECREATIONAL VEHICLE OWNER'S STATEMENT OF RESPONSIBILITY

I, _____ owner of the above described recreational vehicle, have read and understand the Lakengren Vehicle Operating Rules and agree to abide by them. I recognize that the operation of a recreational vehicle within Lakengren is a privilege and that the privilege is subject to revocation at any time due to reckless operation or a violation of the Lakengren Vehicle Operating Rules by me or anyone I have authorized to use the vehicle. I agree to only authorize individuals who possess a valid state issued driver's license to operate this vehicle.

I agree to accept the responsibility for all damages caused by any operator of this recreational vehicle and agree to instruct any person or persons I authorize to use this vehicle of the Lakengren Vehicle Operating Rules prior to the actual operation by that person or persons.

Vehicle Owners Signature: _____ Date: _____

**** THE FOLLOWING IS FOR LPOA EMPLOYEE USE ONLY ****

The above vehicle is equipped with the following:

___ Owner presented proof of insurance in the amount of at least \$100,000 per incident coverage for Public Liability and Property Damage

___ One or more working headlights

___ At least one working taillight/brake light

___ At least one rearview mirror

___ A working horn

___ Orange bicycle flag

___ Slow moving vehicle sign

___ Working turn signals (if applicable- optional)

Inspectors Signature: _____ Date: _____

LPOA Sticker Number Issued: _____