



# OSAGE COUNTY SHERIFF'S OFFICE

**Michael Bonham, Sheriff**

**106 East Main Street~ P. O. Box 619~ Linn, Missouri 65051**

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## **ATV/UTV PERMIT REGISTRATION FORM**

**Permit Year: 2026**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Drivers License #:** \_\_\_\_\_

## **ATV/UTV Information**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **VIN/Serial #:** \_\_\_\_\_

I, \_\_\_\_\_, realize that I shall obey all traffic laws, and shall follow all the requirements set forth by the ORDER OF THE COUNTY COMMISSION. I have been made aware of the requirements and been given a copy of such. I further release the County of Osage, the Osage County Sheriff's Office, and its agents of any and all liability for loss which may arise.

**I understand and agree to abide by all the rules and regulations.**

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Signature

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Date

## **\*\*\*OFFICE USE ONLY\*\*\***

Permit Number: \_\_\_\_\_ Permit Expiration: 12/31/2026

Copy of Drivers License \_\_\_\_\_ Copy of Insurance \_\_\_\_\_ Copy of paid personal property taxes \_\_\_\_\_

Type of \$15.00 Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check, Check #: \_\_\_\_\_

Processing Sheriff's Designee: \_\_\_\_\_ Date: \_\_\_\_\_