CITY OF MARSEILLES APPLICATION FOR UTV PERMIT

GENERAL INFORMATION

DATE:			Pi	ERMIT NO	
Applicant's Name:				DOB:	
Applicant's Driver Licer	nse No			itate:	
INS	SURANCE INFORMAT	ION	UTV INFORMATION		
Insurance Carrier:		Year/Mak	e:		
Policy Number:		Model:			
Insurance Effective Date:		Vehicle II)#:		
Insurance Expiration Date:		Color: _			
	ANY ADI	DITIONAL OPER	<u>ATORS</u>		
Name:		Name:			
Address:		Address:			
Phone:	Cell:	Phone: _	Cell:		
DL#:		OOB:DL#:		DOB:	
the City. I hereby agree to the Vehicle and to indem attorney's fees and costs; have as a result of the op from any claims that may I have received, of Marseilles Police Depa proof of compliance will a	that I have applied to the City of Mar o assume the full risk of any damage inify, defend and hold harmless the Co) as a result of the operation of the Voleration of the Vehicle, and fully relevants from the operation of the Vehicle, read and understand the "UTV Ordertment and/or City of Marseilles into always remain attached to the UTV. the operation of a UTV with the City	or injury to person or prope City for any and all costs, loss /ehicle. I hereby waive and rase and discharge the City and icle. inance." I have paid the perrepretation of all the rules ar I furthermore insure that I was	rty which may be sustained as ses, expenses or damages incur elinquish all claims which I now nd its officers, employees, agen nit fee for the above UTV. I also nd regulations are final. I will ins	a result of the operation of red by the City (including r have or may subsequently its, members and servants, o understand that the City sure that any assigned	
	nt:				
		IARSEILLES OFFICIAL US			
Inspected by:			Date Inspected:		
Approved by:			Date Approved:		