



Town of Lumberport  
PO Box 519 Lumberport WV 26386 304-584-4370

## ATV REGISTRATION

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

ATV/UTV/Recreational Vehicle Info: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ \*Attach Copy

Insurance Information provided: \_\_\_\_\_ \*Attach Copy

I certify that I have received a copy of the ATV ordinance and understand the rules and regulations for the operation of all-terrain vehicles, utility vehicles and any other motorized recreational apparatus within the corporate limits of the Town of Lumberport.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

Fee Paid: \_\_\_\_\_

Clerk: \_\_\_\_\_

Permit No: \_\_\_\_\_