ST. FRANCIS POLICE DEPARTMENT
SNOWMOBILE PERMIT AGREEMENT
$15.00 ANNUAL PERMIT

Office Use Only
ICR # ________
Permit # ______
Permit Color ______

PERMIT HOLDER INFORMATION:

FULL NAME: _______________________________ DOB: _____________
ADDRESS: __________________________________________________
HOME PHONE: _____________ WORK PHONE: ________________
CELL PHONE: _____________

SNOWMOBILE INFORMATION:

MAKE: __________________________  MODEL:  _____________________
REGISTRATION NUMBER:  ______________________________
VIN # _______________________________
COLOR:  ______________________

POLICY AGREEMENT:

I, the permit holder of above stated snowmobile, agree to follow all rules/regulations of the snowmobile ordinance within the city of St. Francis. I agree and understand that I am responsible for any and all drivers of my above stated snowmobile. I acknowledge that if my snowmobile is found in violation of any aspects of the city ordinance, my permit privileges will be forfeited. I have received a copy of the rules/regulations pertaining to this ordinance and agree to follow all stated rules and regulations.

________________________________  (DATE)
(PRINT FULL NAME)  (SIGNATURE)