ANNUAL NON-HIGHWAY VEHICLE APPLICATION

Date:_____ **Fee: $60** **(in town residents)** **$75** **(out of town residents)**

Name:_____

Address:_____

City:_____State:_____Zip Code:_____

Phone Number:_____Email Address:_____

Driver's License Number:_____Issuing State:_____

Vehicle Description:_____

Serial Number:_____

Make/Model:_____

Liability Insurance Carrier

Name:_____

Address:_____

City:_____State:_____Zip Code:_____

Phone Number:_____Email Address:_____

Policy Number:_____ Expiration Date:_____

I have reviewed a copy of the Village of Taylor Springs' Ordinances Establishing the Requirements and Regulation of Non-Highway Vehicles on Streets within the Corporate City Limits of the City of Taylor Springs, Illinois, and agree to abide thereby.

_____ _____ _____

Printed Name Signature Date

*******OFFICE USE ONLY*******

INSPECTION REPORT

Inspection Completed By:_____

Date:_____ **Time:**_____ **a.m. / p.m.**

_____ Brakes

_____ Brake Lights

_____ Turn Signals

_____ Steering Wheel

_____ Tires

_____ Rearview Mirror

_____ Red Reflectors

_____ Slow Moving Emblem

_____ Headlights

_____ Horn

_____ Seatbelts

_____ Liability Insurance

Comments:_____

_____

_____

_____

_____

Paid $60: Cash Credit Check #_____ **Date:**_____

Permit Number:_____

Date Issued:_____ **Expiration Date:**_____

Inspector's Signature:_____