

**CITY OF MORRIS
SPECIALIZED VEHICLE
PERMIT APPLICATION FORM**

DATE _____

APPLICANT NAME _____

DATE OF BIRTH _____ TELEPHONE NUMBER _____

ADDRESS _____

DRIVER'S LICENSE NUMBER _____

SPECIALIZED VEHICLE INFORMATION:

MAKE _____ MODEL _____

YEAR _____ SERIAL NUMBER _____

INSURANCE INFORMATION:

INSURANCE CARRIER NAME _____

INSURANCE POLICY NUMBER _____

I hereby certify that the above information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE



PERMIT FEE \$25.00 PER PERSON (Nonrefundable) DATE PAID _____

SLOW MOVING VEHICLE SIGN INSTALLED _____

REAR VIEW MIRROR INSTALLED _____

APPROVED:

SIGNED

DATE

ALL PERMITS WILL EXPIRE ON DECEMBER 31 OF THE THIRD YEAR IN WHICH THEY WERE ISSUED.