CITY OF GLIDDEN, IOWA VEHICLE REGISTRATION

APPLICATION INFORMATION

Name:		
(Last)	(First)	(MI)
Address:	Glidden, IA 51443 Home/Cell Phone:	
Email:		
	GOLF CART/ATV/UTV IN	FORMATION
Make:	Year:	Color:
Vehicle Identification Nu	mber:	Gas/Electric:
А	CKNOWLEDGEMENT AN	ID SIGNATURE
permit is valid for the about of the ordinance of the C	ove described cart only and is lity of Glidden and agree to ab	traffic laws of the State of Iowa. This not transferable. I have received a copy ide by all rules set forth in the ordinanc
Signature:	Dat	:e:
Issued By:		Date
Copy of Insurance:	Copy of Driver License:	Fee: \$20.00
RE	GISTRATION RENEWAL	INFORMATION
Sticker Number: Sticker Number:	Issue Date	Expiration Date: December 31,
Sticker Number:		
Sticker Number:		
Sticker Number:		