

CITY OF ALTAMONT

SPECIAL VEHICLE PERMIT

407 S HUSTON ▪ P.O. BOX 305 ▪ ALTAMONT, KS 67330
PHONE (620) 784-5612 ▪ FAX (620) 784-5882 ▪ WEBSITE: ALTAMONTKS.COM

FOR OFFICE USE ONLY
PERMIT #:

APPLICANT INFORMATION

NAME: (LAST)		(FIRST)	(M.I.)
DATE OF BIRTH:		DRIVER LICENSE #:	
PHONE #:		EMAIL:	
VEHICLE MODEL:		VEHICLE COLOR	
VIN:			
INSURANCE PROVIDER:			
INSURANCE CONTACT:			
APPLICANT SIGNATURE:			DATE:

NOTE: A Special Vehicle Permit must be fill out for each vehicle being permitted.

PLEASE PROVIDE A COPY OF THE FOLLOWING:

- Driver's License
- Insurance Card

CITY APPROVAL

NAME:		
TITLE:		
CITY SIGNATURE:	DATE:	
APPROVED:	YES	NO

