



ATV PERMIT APPLICATION 2024/2025

NAME: _____

PHYSICAL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

INSURANCE AGENCY: _____

POLICY NUMBER: _____

POLICY EXPIRATION: _____

ATV YEAR: _____

ATV MAKE: _____

ATV DESCRIPTION: _____

PERMIT SERIAL NUMBER: _____

I HAVE RECEIVED, READ, AND UNDERSTAND THE MUNICIPAL ORDINANCE PERTAINING TO THE PRIVILEGE OF OPERATING AN ATV IN THE MUNICIPALITY OF RICHWOOD, WV.

SIGNATURE: _____

DATE: _____