



City of Burlingame, 101 E. Santa Fe, Burlingame, KS 66413

City of Burlingame Special Vehicle Permit

Name of Applicant: _____

Applicant's Address: _____

City _____ State _____ Zip _____

ATV Information

Make _____ Model _____ Year _____

Serial Number _____ Color _____

Insurance Company _____

Policy# _____ Ins. Policy Period _____

By signing this application, I verify that the device information is correct and that I have received a copy of the Special Vehicle Ordinance and I will comply with all laws and regulations set forth in Ordinance 22166. I also understand that my Special Vehicle Permit can be revoke at any time by the City of Burlingame for violating this ordinance.

MUST BE SIGNED AT CITY HALL
Signature of Applicant

Date
