



**FOR OFFICE USE ONLY
PRE-PAID PERMIT FEE \$25**

Collected On: ____/____/____
Receipt #: _____
Received By: _____

Vehicle Restoration Permit

Name: _____

Address: _____

Phone: (____) _____ **Alternate Phone:** ie-cell, work, etc. (____) _____

Description of Vehicle:

Make _____ **Model** _____ **Year** _____

Serial Number _____ **License Number** _____

Additional Information About Vehicle: _____

Location of Vehicle: _____

Copies to be distributed to: Finance, Public Works, Police and Applicant.