

Town of Almond
1 Marvin Lane
Almond NY 14804

Ph: 607-276-6665 Ext 102 Fax: 607-276-6630

ATV/UTV/LUV PERMIT APPLICATION

Name: _____

Address: _____

Phone Number: _____

Vehicle and Plate No: _____

Insurance Company: _____ Policy No: _____

I, the person named above, agree to the conditions and regulations set forth in the Local Law #1 of the year of 2024, of the Town of Almond regulating the use of Limited Use and All-Terrain Vehicles on town roads, of which I have received a copy. I agree to hold the Town of Almond harmless for any bodily injury or property damage arising from my operating such vehicle on Town Roads.

A copy of the current insurance card and registration (if applicable) is required with the Annual Fee of \$5.00.

Signature: _____ Date: _____

Comments/Notes: (for office use only)

Permit # _____

Expiration Date: _____