

# BELLE PLAINE POLICE DEPARTMENT

(620) 488-2787 (office)  
(620) 488-2561 (Fax)



419 N. Logan  
P.O. Box 157  
Belle Plaine, KS 67013

## CITY OF BELLE PLAINE SPECIALTY VEHICLE REGISTRATION

Date of Application: \_\_\_\_\_ Fee: \$25.00

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box \_\_\_\_ Belle Plaine, KS 67013

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Vehicle: Golf Cart \_\_\_ UTV \_\_\_ Other \_\_\_ Description: \_\_\_\_\_

Motor Type: Electric \_\_\_ Gas \_\_\_ Seatbelt Equipped? Yes \_\_\_ No \_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN/Serial Number: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Proof of insurance must be attached to this application

\_\_\_\_\_  
TO BE COMPLETED BY STAFF

Decal # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: 12/31/\_\_\_\_

Amount collected: \$ 25.00 Cash \_\_\_ Check # \_\_\_\_\_

Clerk/Officer Signature \_\_\_\_\_ Officer # \_\_\_\_\_