

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

(One permit/decals per vehicle, copy of insurance to be attached to application)

Date of Application: _____

Fee \$25.00

Name of Owner: *(first)* _____ *(MI)* _____ *(last)* _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

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: _____ Insurance Expires: _____

TO BE COMPLETED BY STAFF

Decal # _____ Issued Date: _____ Expiration Date: _____

Amount collected: \$ _____

Clerk/Officer Signature: _____