

TOWN OF GLASGOW

MAYOR
DONALD FANNIN
RECORDER
JAY WARD

COUNCIL
MIKE SZEROKMAN
MARTY BLANKENSHIP
EDDIE HAMILTON
DIANE LEADMON
JOHN ALDERSON

Phone: 304-595-1015
Fax: 304-595-2042



129 4th Ave.
P.O. Box 130

ATV, UTV, SXS, Golf Cart Permit

Application Date _____

Resident Name: _____

Non-Resident Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Signature: _____

I/We do hereby make application permit for: __ATV__ __UTV__ __SXS__ __Golf Cart__ __Electric Bike

VIN# _____ Make and Model _____

Valid Driver's License

No: _____ Restrictions: _____ State: _____ Exp Date _____

Insurance Agent/Carrier

Name: _____ Phone: _____

Policy# _____

Permit Issue Date: _____ Permit Expiration Date: _____

Permit Fee: \$ _____ Permit No: _____

Resident Permit Fee: \$25.00 per year
Non-Resident Permit Fee: \$50.00 per year

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