

CITY OF HILLSBORO

101 Main Street

Hillsboro, MO 63050

636-797-3334

2023

UTV Registration

Registration/Sticker #:			Fee: \$25
	Applicant Information		Make Checks payable to: City of Hillsboro
Owner's Name(s)			
Address:	City:	State/Zip:	
Phone number: ()			
	Vehicle Info	ormation	
Year:			
Make:			
Model:			
Color:			
VIN#			
Insurance Company:			
(The following must be included -Proof of insurance -Driver's License -Affidavit	with application)		
Registration is on an annual basi	s and will be valid until Decem	ber 31 or the vehicle chan	iges ownership.
This signature certifies that I hat I will meet all requirement. Hillsboro, Missouri.	•		•
Signature of Applicant	<u> </u>	 Date	