



VILLAGE of MONEE

Mayor JAY FARQUHAR



EXPIRES JUNE 2017

VEHICLE REGISTRATION

DATE SUBMITTED: _____

Vehicle Owner Registrant #1:

Name: _____ Cell #: (____)____-_____
 Address: _____ Home #: (____)____-_____
 City: _____ State: ____ Zip: _____
 email: _____ Birth Date: ____/____/____
 Driver's Lic: _____ State of Issue: ____ Male Female
 Mailing address (if different than street address):
 Address: _____ City: _____ State: ____ Zip: _____

Vehicle Owner Registrant #2:

Name: _____ Cell #: (____)____-_____
 Address: _____ Home #: (____)____-_____
 City: _____ State: ____ Zip: _____
 email: _____ Birth Date: ____/____/____
 Driver's Lic: _____ State of Issue: ____ Male Female
 Mailing address (if different than street address):
 Address: _____ City: _____ State: ____ Zip: _____

Vehicle Owner Registrant #3:

Name: _____ Cell #: (____)____-_____
 Address: _____ Home #: (____)____-_____
 City: _____ State: ____ Zip: _____
 email: _____ Birth Date: ____/____/____
 Driver's Lic: _____ State of Issue: ____ Male Female
 Mailing address (if different than street address):
 Address: _____ City: _____ State: ____ Zip: _____

Vehicle Owner Registrant #4:

Name: _____ Cell #: (____)____-_____
 Address: _____ Home #: (____)____-_____
 City: _____ State: ____ Zip: _____
 email: _____ Birth Date: ____/____/____
 Driver's Lic: _____ State of Issue: ____ Male Female
 Mailing address (if different than street address):
 Address: _____ City: _____ State: ____ Zip: _____

Vehicle Data:

Yr	Make	Model	Color	Plate Number	Plate Type	Plate State	VIN	Registrant 1 2 3 4	— For Office Use —					
									Type	Amount	Number			
A	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
B	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
C	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
D	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
E	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
F	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
G	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
H	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
I	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____
J	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	_____