



The City of

El Reno

Where History Meets the Future

REG# _____

SPECIAL USE VEHICLE REGISTRATION

VEHICLE OWNER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____)-____-_____

DRIVERS LICENSE # _____ STATE ISSUED _____

EMAIL ADDRESS _____

VEHICLE INFORMATION

MAKE _____ VIN/SERIAL # _____

YEAR _____ COLOR _____ GAS _____ ELECT/BATTERY _____

SEATING CAPACITY _____ INSURANCE CARRIER _____

AGENT _____ POLICY # _____

DATE ISSUED _____ EXP DATE _____

***THE REGISTRATION OF THIS SPECIAL USE VEHICLE SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUE. THE ABOVE LISTED VEHICLE SHALL BE OPERATED IN ACCORDANCE TO THE PROVISIONS SET FORTH BY ORDINANCE(S) OF THE CITY OF EL RENO AND THE STATE OF OKLAHOMA. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN FINES, CRIMINAL PENALTIES AND OR REVOCATION OF THE REGISTRATION OF THE ABOVE LISTED VEHICLE.

SIGNED X _____ DATE _____

*****FOR INTERNAL USE ONLY*****

NOTARY: _____ COMM # _____

DATE _____ COMM EXPIRES _____

ISSUE DATE _____ EXPIRATION DATE _____