



TOWN OF AMHERST SNOW PLOW PERMITS

September 1, 20__ to August 31, 20__
Fee: \$40.00 per vehicle (non-refundable)

PERMIT NUMBER(S) _____

PLEASE PRINT LEGIBLY

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Other Phone (cell, etc.): _____

LIST OF VEHICLES:

1.	VIN NUMBER	MODEL	YEAR	PLATE	REG. EXP.
	INSURANCE POLICY #	INSURANCE COMPANY		EXP. DATE	
2.	VIN NUMBER	MODEL	YEAR	PLATE	REG. EXP.
	INSURANCE POLICY #	INSURANCE COMPANY		EXP. DATE	
3.	VIN NUMBER	MODEL	YEAR	PLATE	REG. EXP.
	INSURANCE POLICY #	INSURANCE COMPANY		EXP. DATE	
4.	VIN NUMBER	MODEL	YEAR	PLATE	REG. EXP.
	INSURANCE POLICY #	INSURANCE COMPANY		EXP. DATE	

INSURANCE CARDS AND REGISTRATION MUST BE SHOWN.

I HEREBY CONSENT TO ALL RULES AND REGULATIONS SET FORTH BY THE TOWN CODE.

Applicant's Signature: _____ Date: _____

Fee Received: \$40.00 x _____ = \$ _____ Received by (initials): _____

Town Clerk: _____ Approved (date): _____

Copies to: Police, Highway, Owner