

155 WEST FRONT AVENUE
P O BOX 186
STOCKTON IL 61085

Telephone (815) 947-2515
Fax (815) 947-3413



DANIEL E. KUNZ
VILLAGE PRESIDENT

STEFANIE HATLEY
VILLAGE CLERK

RENA EDEN
VILLAGE TREASURER

WWW.VILLAGEOFSTOCKTON.COM

UTV Permit Application

Applicant Name: _____

Applicant Address: _____ **City/State/Zip** _____

Applicant Phone Number: _____ **DOB** _____

Applicant Driver's License Number _____ **State:** _____

Insurance Carrier (or photo copy of current liability insurance card)

Insurance Company Name: _____

Address: _____

Phone Number: _____

Policy Number: _____

UTV:

Make: _____

Model: _____

VIN Number: _____

Description: _____

**Attach copy of valid driver's license and insurance card*