



**Town of Red Cliff, Colorado**  
**OHV Registration Application**

April 1, 2020 to March 31, 2021

This registration is required to operate any OHV within the Town of Red Cliff

Date Rcvd: \_\_\_\_\_  
Proof Owner: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Make of Snowmobile/Vehicle _____ Model _____	Vehicle ID Number (frame number) _____ Registration Number: _____	Type (✓) ____ 2 Wheel    ____ 3 Wheel ____ 4 Wheel    ____ 6 Wheel ____ Snowmobile Other: _____
Make of Snowmobile/Vehicle _____ Model _____	Vehicle ID Number (frame number) _____ Registration Number: _____	Type (✓) ____ 2 Wheel    ____ 3 Wheel ____ 4 Wheel    ____ 6 Wheel ____ Snowmobile Other: _____
Make of Snowmobile/Vehicle _____ Model _____	Vehicle ID Number (frame number) _____ Registration Number: _____	Type (✓) ____ 2 Wheel    ____ 3 Wheel ____ 4 Wheel    ____ 6 Wheel ____ Snowmobile Other: _____
Make of Snowmobile/Vehicle _____ Model _____	Vehicle ID Number (frame number) _____ Registration Number: _____	Type (✓) ____ 2 Wheel    ____ 3 Wheel ____ 4 Wheel    ____ 6 Wheel ____ Snowmobile Other: _____
Make of Snowmobile/Vehicle _____ Model _____	Vehicle ID Number (frame number) _____ Registration Number: _____	Type (✓) ____ 2 Wheel    ____ 3 Wheel ____ 4 Wheel    ____ 6 Wheel ____ Snowmobile Other: _____

**CERTIFICATION**

**PERJURY STATEMENTS:** I (WE) HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT I AM (WE ARE) THE LAWFUL OWNER(S) OF THE VEHICLE DESCRIBED ABOVE, AND THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE & BELIEF. I (WE) HEAREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJERY THAT I AM (WE ARE) RESIDENTS OF THE TOWN OF RED CLIFF.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

*\*Proof of residency may be required if challenged.*

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

<b>Mail Application To:</b>	<b>Town of Red Cliff, PO Box 40, Red Cliff CO 81649</b>
<b>Drop Off Application At:</b>	<b>Town of Red Cliff, 400 Pine Street, Red Cliff CO 81649</b>
	<b>Ph: 970-827-5303. Fax 970-827-5300. E-mail: <a href="mailto:clerk@townofredcliff.org">clerk@townofredcliff.org</a></b>