

BAKERSFIELD TOWN MEMBERSHIP

NAME: _____ STICKER # _____

ADDRESS _____

TOWN _____ STATE _____ ZIPCODE _____

TELEPHONE NUMBER: _____

Valid Drivers License # _____

Plate # _____

VIN# _____

Insurance company name: _____ Expiration date _____

Sign: _____

To Apply for a Bakersfield ATV sticker:

**Fill out the above form completely except for Sticker number.
Sticker number will be assigned upon receipt.**

**Please include a check payment of \$10.00, per ATV, made payable to:
Town of Bakersfield**

**Mail application form, check and Stamped Self Addressed Envelope to:
Town of Bakersfield
PO Box 203
Bakersfield, VT
05441**