



# VILLAGE of MONEE

Will County Illinois



EXPIRES JUNE 2019

## VEHICLE REGISTRATION

DATE SUBMITTED: \_\_\_\_\_

### Vehicle Owner Registrant #1: Vehicle Owner Registrant #2:

Name: \_\_\_\_\_ Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Home #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_  
 email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver's Lic: \_\_\_\_\_ State of Issue: \_\_\_\_\_  Male  Female  
 • **Mailing address** (if different than street address): Rent  Own   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Home #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_  
 email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver's Lic: \_\_\_\_\_ State of Issue: \_\_\_\_\_  Male  Female  
 • **Mailing address** (if different than street address): Rent  Own   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Vehicle Owner Registrant #3: Vehicle Owner Registrant #4:

Name: \_\_\_\_\_ Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Home #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_  
 email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver's Lic: \_\_\_\_\_ State of Issue: \_\_\_\_\_  Male  Female  
 • **Mailing address** (if different than street address): Rent  Own   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Home #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_  
 email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver's Lic: \_\_\_\_\_ State of Issue: \_\_\_\_\_  Male  Female  
 • **Mailing address** (if different than street address): Rent  Own   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Vehicle Data:

Yr	Make	Model	Color	Plate Number	Plate Type	Plate State	VIN	Registrant				— For Office Use —		
								1	2	3	4	Type	Amount	Number
A	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
B	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
C	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
D	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
E	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
F	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
G	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
H	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
I	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____
J	_____	_____	_____	_____	_____	_____	_____	•	•	•	•	_____	\$	_____