



PERMIT FOR AUTOMOBILE RESTORATION

Name of Owner:

Address:

Date of Issuance: ___/___/___

Expiration Date: ___/___/___

Automobile Make:

Automobile Model:

Automobile Year:

Automobile Color:

Vehicle Identification No:

Last Registration Plate No:

Name of Last Registered Owner:

Address of Last Registered Owner:

Space below for municipal use only -----

Approved By: _____

Approved Date: ___/___/___

Expiration Date: ___/___/___