

**AUTHORIZATION TO REGISTER MY VEHICLE WITH THE CITY OF  
WAYZATA:**

**LIVE INK ONLY- NO COPIES  
ORIGINAL ONLY**



VEHICLE DESCRIPTION:				
PLATE #	YEAR	MAKE	VIN OR TITLE #	
INSURANCE COMPANY NAME		POLICY NO	CURRENT EXP DATE	

**VEHICLE OWNER'S NAME AND DL # (REQUIRED)**

**X**

**SIGNATURE OF OWNER**

**DATE**

NOTE: IF VEHICLE HAS BEEN PARKED AND NOT USED RECENTLY, PLEASE SIGN NON-USE STATEMENT VERIFYING LAST USED.

NONUSE STATEMENT:

X \_\_\_\_\_ NONUSE DATE \_\_\_\_\_ TO \_\_\_\_\_

Instructions for using this form:

- 1.) Call DVS @ (952) 404-5320 to get the tab renewal amount. Record amount here: \$ \_\_\_\_\_
- 2.) Drop this completed form and payment off at Utility Box or mail to: 600 RICE ST E WAYZATA, MN 55391