CITY OF GENEVA
RESIDENT PERMIT
REGISTRATION FORM

Name: _____   **Telephone Number:** _____

Adress: _____   **Drivers License No:** _____

City: _____ **State:** _____ **Zip:** _____

VEHICLE DESCRIPTION

License Number	Make	Model	Year	Color	Permit Number
1.) _____	_____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____	_____
4.) _____	_____	_____	_____	_____	_____

FOR OFFICE USE ONLY:

Date Issued: _____   **Initals:** _____