

## VEHICLE REQUEST FORM

THE PERMANENT MEMORIAL DAY COMMITTEE OF MANCHESTER

**ALL DRIVERS MUST HAVE A VALID DRIVERS' LICENSE**

**ALL VEHICLES MUST BE REGISTERED AND INSURED IN ACCORDANCE WITH STATE LAWS**

PARTICIPATING ORGANIZATION: \_\_\_\_\_

OWNER: \_\_\_\_\_  
(FULL NAME) (LICENSE NO.) (EXPIRATION DATE)

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

VEHICLE: \_\_\_\_\_  
(MAKE & YEAR) (MODEL) (IDENTIFICATION NO.) (MARKER NO.)

INSURANCE COMPANY: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this form you are certifying the validity of the information submitted and that you have read and will comply with these regulations.

**ATTACH COPIES OF PROOF OF REGISTRATION AND PROOF OF INSURANCE**

MAIL TO: KIPP O. MILLER  
35 BRANFORD STREET  
Manchester, CT. 06040-4309

FOR MORE INFORMATION OR QUESTIONS CALL: KIPP O. MILLER AT (860) 646-4747