

All-Terrain Vehicle Permit to Deviate from Designated Route

DRIVER INFORMATION (maximum of 4 drivers) PLEASE PRINT			
Primary Driver Name		Primary Driver Licence & Expiry Date	
2 nd Driver Name		2 nd Driver Licence & Expiry Date	
3 rd Driver Name		3 rd Driver Licence & Expiry Date	
4 th Driver Name		4 th Driver Licence & Expiry Date	
Street Address of Primary Driver			
Telephone Number for Primary Driver		Email Address for Primary Driver	
ATV INFORMATION			
Plate No.	Year	Make	Model
Insurance Company		Policy Number	
PROPOSED ROUTE TO ACCESS DESIGNATED ROUTE (this route will be assessed and may be subject to changes)			
CONSENT FOR MESSAGING			
Do you consent to the City of Corner Brook sending you email, text and or telephone messages regarding the ATV Program or other urgent messages of happenings in the City?			
Types of Messages (check all you wish to receive)		Message Methods (check how you want to be notified)	
<input type="checkbox"/> New ATV Routes or Restrictions	<input type="checkbox"/>	<input type="checkbox"/> Telephone Notification	<input type="checkbox"/>
<input type="checkbox"/> New Regulations or Bylaws	<input type="checkbox"/>	<input type="checkbox"/> Text Notification	<input type="checkbox"/>
<input type="checkbox"/> Road Closures or delays	<input type="checkbox"/>	<input type="checkbox"/> Email Notification	<input type="checkbox"/>
<input type="checkbox"/> Water Outages or Water Problems	<input type="checkbox"/>	<input type="checkbox"/> All Notification Methods	<input type="checkbox"/>
<input type="checkbox"/> Urgent Safety Messages	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Community Events	<input type="checkbox"/>		<input type="checkbox"/>
SIGNATURE			
Signature	Print Name	Date	