



Breese Police Department

911

500 North First Street • Breese, IL 62230

618-526-7226 • Fax 618-526-4693

911

D.A.R.E.

Drug Abuse Resistance
Education Community

Mark A. Berndsen
Chief of Police

ALTERNATIVE TRANSPORTATION PERMIT

Date _____

Applicant Name(s) _____

Address _____ Phone _____

Applicant(s) Driver's License Number(s) _____

VEHICLE:

Make _____ Model _____

VIN _____ Permit # _____

Instructions:

1. Complete this application, print and submit with inspection form, liability release form, copy of driver's license, and copy of insurance.
2. Cash or Check payable to City of Breese.
3. Bring completed forms and required copies to:

Breese Police Department, 500 North 1st Street

THE PERMIT WILL EXPIRE ON MAY 1ST AND MUST BE RENEWED EVERY YEAR

I have received and read the City of Breese Ordinance regarding this transportation permit. I understand that if I wish to operate this vehicle on the city streets that I am to renew this permit annually, which requires an inspection and proof of insurance. By signing this application, I agree to maintain adequate insurance in accordance with the above reference ordinance.

Signature(s) _____