

Caledonia Police Department

304 East Main Street

P.O. Box 232

Caledonia, MN 55921

507-725-3889

**City of Caledonia Recreational Vehicle Application for Permit**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Vehicle Information**

Year: \_\_\_\_\_

Model: \_\_\_\_\_

ID or VIN #: \_\_\_\_\_

Proof of Insurance: \_\_\_\_\_

(Attach photocopy) Company name and policy number

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_