



TOWN OF DRAYTON VALLEY
PO Box 6837, 5120-52 Street,
Drayton Valley, AB T7A 1A1
Phone: 780-514-2200
Email: enforcement@draytonvalley.ca

OHV Permit (Off Highway Vehicle)

Date: _____ Permit Number: _____

THIS PERMIT AUTHORIZES

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

License Plate: _____ Registration Number: _____

(Proof of registration is required with this application)

TO USE AND OPERATE AN OHV WITHIN THE TOWN OF DRAYTON VALLEY AT (LOCATION)

THIS PERMIT IS VALID FROM

_____ TO _____

THE NATURE OR OBJECTIVE OF THIS PERMIT IS

The undersigned representatives of the OHV Permit indemnify the Town from any and all liability whatsoever arising from the event and undertake responsibility for the good conduct and order of the OHV Permit and certify the Person(s) has a minimum comprehensive general liability insurance policy of \$2,000,000.

Applicant Signature

Authorized Signature

Authorized Signature

Date Authorized _____

The applicant of this Permit indemnifies the Town from any and all liability whatsoever arising from the event and undertake responsibility for the good conduct and order of the Permit and certify the Person(s) has a minimum comprehensive general liability insurance policy of \$2,000,000. A copy of which is attached to this permit _____ (initial)