



OWN OF ISLIP
OFFICE OF THE TOWN CLERK

List all Vehicles and Registered Owner of Each Vehicle

| REGISTERED OWNER | MAKE | MODEL | YEAR | SEATING CAP. | VEHICLE ID # | PLATE # |
|------------------|------|-------|------|--------------|--------------|---------|
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 SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS

_____ DAY OF _____ 20____

 NOTARY PUBLIC