

# 2025 ELDRED TOWNSHIP ATV PERMIT APPLICATION

**Office Location:** Eldred Township Building, 3441 Route 36, Brookville, PA 15825

**Office Hours:** Monday-Friday, 12:30 PM to 5:00 PM      **Phone:** 814-849-7683

**Email:** [eldredtwp22@gmail.com](mailto:eldredtwp22@gmail.com)

**Website:** [www.EldredTownshipJeffersonCounty.com](http://www.EldredTownshipJeffersonCounty.com). **FORMS ARE AVAILABLE FOR DOWNLOAD**

**All applications MUST include:**

1. A copy of the registration card (current and unexpired)
2. A copy of the insurance card (current and unexpired)
3. A check or money order for \$30.00 payable to "Eldred Township" (cash is accepted at the office only, no change will be given)
4. A self-addressed, stamped envelope (only if mailing)

**\*\*\* PERMITS WILL NOT BE ISSUED WITHOUT A COPY OF YOUR CURRENT REGISTRATION CARD AND A COPY OF YOUR CURRENT INSURANCE CARD \*\*\***

Please return to the township office during office hours or mail to:

Eldred Township  
3441 Route 36  
Brookville, PA 15825

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**OWNER'S PHONE NUMBER:** \_\_\_\_\_

**MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_ **TITLE NUMBER:** \_\_\_\_\_

**PLATE NUMBER:** \_\_\_\_\_

**REGISTRATION EXPIRATION DATE:** \_\_\_\_\_

**INSURANCE CO. & POLICY NUMBER:** \_\_\_\_\_

**INSURANCE CARD EXPIRATION DATE:** \_\_\_\_\_

My signature below acknowledges that I understand, and will obey, the Eldred Township, Jefferson County, Pennsylvania, Rules and Regulations for ATV/UTV/Snowmobiles, as well as the laws and regulations of the Pennsylvania Motor Vehicle Code (Title 75).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date