

CITY OF TORRANCE OVERSIZED VEHICLE/TRAILER REGISTRATION APPLICATION

| Registered Owner Information | | |
|---|---------------------------------|---------------------|
| Applicant/Contact: | Date: | |
| Address: | Phone: | |
| | | |
| City and State: | Cell phone: | |
| Zip Code: | Email Address: | |
| Vehicle Information | | |
| | | |
| Type of oversized vehicle (RV, camper, trailer, truck, etc.) | | |
| Make of oversized vehicle: (Fleetwood, Weekend Warrior, etc.) | | |
| Model: | | |
| License Plate Number of vehicle: | | |
| VIN: | | |
| I declare under penalty of perjury under the laws o is true and correct. | f the State of California that | the foregoing |
| Applicant | Title | Date |
| The following sections are for City of Torrance u must submit the following items for verification. | se. When filing this applica | tion, the applicant |
| California drivers license | | |
| Proof of registration from the DMV that the Torrance resident | ne vehicle is registered to the | e applicant; a |
| Proof of property tax bill or public utility be (electric, water, or natural gas – telephone) | | is required |
| Conditions met | Fees paid | |
| | | |