

VILLAGE OF SPRING GROVE VEHICLE REGISTRATION

DUE ON OR BEFORE OCTOBER 1ST

Last Name: _____
 Address: _____
 City: _____
 Home Phone: _____
 Email Address: _____

First Name: _____
 Mailing Address: _____
 State: IL Zip: _____
 Work Phone: _____
The Village will email you important news regarding village events and the weekly eNews

	Amount	For Office Use Only Sticker #	Make	Model	Year	Color	VIN #	License Plate #
1								
2								
3								
4								
5								
6								
7								
8								

Vehicle Sticker Guidelines

- Vehicle stickers are valid from October 1st through the following September 30th.
- Vehicle stickers are required for all vehicles that are kept in the Village and used for a period longer in time than 30 days. If vehicle has a valid sticker from another municipality you must provide proof.
- New residents or owners of new vehicles have 30 days after moving in or acquiring a new vehicle to purchase stickers.
- **Double sticker fees after October 1st.**
- A \$50.00 municipal ticket will be issued any time after October 15th to vehicles with no valid sticker and may increase to \$100.00 after November 1st.
- If you have questions regarding vehicle stickers, please contact us by email at sgpd@springgrovevillage.com or call 815-675-2596.

Processing Options

- Mail. Use the enclosed envelope to process your vehicle sticker application. Stickers will be mailed back to you.
- In Person. Police Department hours are Monday through Friday 8:00 am to 4:00 pm.
- After Hours Drop Box. Drop the enclosed envelope and sticker application in the steel drop box in front of the main entrance. Sticker(s) will be mailed back to you.

FEE SCHEDULE

Senior's Over 65 Half Price	Before Oct 1st	After Oct 1st
Passenger Car (including "B" Plate Trucks)	\$20.00	\$ 40.00
Trucks over 8,000 lbs & RV's	\$50.00	\$100.00
Motorcycles or Mopeds	\$15.00	\$ 30.00
Replacement Stickers	\$ 2.00	\$ 2.00

PAYMENT OPTIONS

- Cash
- Check: Make checks payable to the "Village of Spring Grove"
- Credit or Debit: Visa, MasterCard and Discover are accepted

<i>For Office Use Only</i>			
Total Amount Paid	\$ _____	Date Paid	_____
Check _____	Cash _____	Credit/Debit	_____
Date Entered	_____	ID #	_____