



Hurricane Registration Form

Business

City of South Padre Island
Police Department
4601 Padre Blvd.
South Padre Island, TX 78597
Phone: (956) 761-8147
Fax: (956) 761-9544

Name of Business: _____

Address of Business: _____

Name of Owner/Manager: _____

Phone: _____

LP#: _____

Make: _____

Model: _____

Color: _____

DL#: _____

State: _____

Sticker #: _____

1. Name of Employee: _____

LP#: _____

Make: _____

Model: _____

Color: _____

DL#: _____

State: _____

Sticker #: _____

2. Name of Employee: _____

LP#: _____

Make: _____

Model: _____

Color: _____

DL#: _____

State: _____

Sticker #: _____

3. Name of Employee: _____

LP#: _____

Make: _____

Model: _____

Color: _____

DL#: _____

State: _____

Sticker #: _____

Manager/Owner must submit this form and pick up the stickers.
Limit 4 stickers per business.