

City of Swisher

Annual GOLF CART Registration Form

Owner / Applicant Information

VALID APRIL 15 _____ – APRIL 14,
20_____
(Unless revoked due to violation)

Name _____

Physical and Mailing Address _____

Phone # _____ E-mail _____

Date of Birth _____ DL# & Exp. Date _____

A copy will be kept on file

Additional Driver Information

Name _____

Physical and Mailing Address _____

Phone # _____ E-mail _____

Date of Birth _____ DL# & Exp. Date _____

A copy will be kept on file

Vehicle Information

Year _____ Make _____ Model _____ Gas Electric

of Wheels _____ # of Passenger Seats _____ VIN or Serial # _____ Color _____

It is the responsibility of the vehicle owner to maintain liability insurance on the Golf cart and to be able to prove such liability insurance is always in force. A copy of proof of insurance must be attached with this application.

Proof of Liability Insurance Attached? YES NO

Only persons over the age of 18 with a valid driver's license may operate Golf Carts.
A copy of the applicant's and all other drivers' licenses must be attached to this application.

Driver's License for Applicant and all drivers Attached? YES NO

By signing this application, I agree that I have received a copy of Swisher City Code Chapter 77. I also understand that it is my responsibility to comply with all rules and regulations regarding the operation of Golf Carts upon City streets as set by the City of Swisher and the State of Iowa.

Signature _____ Date _____

Date Approved _____ Permit # _____

Permit Issued by _____

Permit needs to be renewed yearly at beginning of January.

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When insurance and drivers' licenses expire you must provide the City with current versions.

If additional drivers are added to this registration, you must add their information and bring their driver's license to City Hall so copies can be made.

INSPECTIONS ARE ONLY NECESSARY WHEN REGISTERING IF:

1. You are registering an existing Golf Cart for the first time in the City of Swisher.
2. This is a new Golf Cart, and it has not been registered with the City of Swisher.
3. Something has changed with your Golf Cart that would require another inspection.

Inspected by _____ Date _____

Requirements for Golf Cart

Adequate Brakes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Slow Moving Vehicle Sign	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Bicycle Safety Flag-top shall be minimum of 5 feet from ground level	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Proof of Liability Insurance must be always present in the Golf Cart

Proof of Insurance Present YES NO

If any of the above questions are marked NO, this registration will not be approved, and the item(s) must be corrected before a permit will be issued.

Signature of Inspector _____