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**403 SPRING STREET \* P.O. BOX 257 \* EVANSVILLE, ILLINOIS 62242-0257  
TELEPHONE: (618) 853-2613 \* FAX: (618) 853-2342**

**APPLICATION FOR:  
USE OF GOLF CARTS AND ALL-TERRAIN VEHICLE**

**Owner's Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

**Make of Golf Cart-All-Terrain Vehicle**

**Model** \_\_\_\_\_

**Serial #** \_\_\_\_\_

**Color** \_\_\_\_\_

**Description of Vehicle**

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Agent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**\*\*\*\*MAKE COPY OF DRIVERS  
LICENSE AND INSURANCE CARD\*\*\*\***