



CITY OF CLARKSVILLE

GOLF CART

Registration / Renewal Form

Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Cell: _____

Driver's License Information:

DL NO: _____ Expiration Date: _____

DL NO: _____ Expiration Date: _____

Golf Cart Information:

Color: _____ Make: _____

Vehicle Identification Number: _____

Insurance Information:

Insurance Carrier: _____

Policy Number: _____

By signing this permit form, I acknowledge I have been provided a copy of the ordinance that governs the operation of a golf cart on city streets in the City of Clarksville.

Signature of Owner: _____ Date _____

Approved by: _____ Date _____

Registration / Renewal Fee: \$30.00

Please return registration and permit fee to City Hall