## ST. FRANCIS POLICE DEPARTMENT GOLF CART PERMIT AGREEMENT

	Office Use Only ICR #
	Permit #
PERMIT HOLDER INFORMATION:	
FULL NAME:	DOB:
ADDRESS:	
HOME PHONE: WORK PHONE:	
CELL PHONE:	
GOLF CART INFORMATION:	
MAKE:	
VIN #	
COLOR:	

**POLICY AGREEMENT:** 

I, the permit holder of above stated golf cart, agree to follow all rules/regulations of the recreational vehicle ordinance #7-3-6:E within the city of St. Francis. I agree and understand that I am responsible for any and all drivers of my above stated golf cart. I acknowledge that if my golf cart is found in violation of any aspects of the city ordinance, my permit privileges will be forfeited. I have received a copy of the rules/regulations pertaining to this ordinance and agree to follow all stated rules and regulations.

(PRINT FULL NAME)

(DATE)

(SIGNATURE)