

Date of registration ___/___/___

Sticker # _____

Geneva Police Department Golf Cart Registration Form

Owner's Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Owner's date of birth ___ / ___ / ___ Owner's Driver's License # _____

Make of Golf Cart: _____ Serial # _____

Model of Golf Cart _____ Year _____ Color _____

Insurance Co name: _____ Phone # _____

Insurance Co address _____ City / State _____

Insurance Co policy # _____

A copy of Insurance coverage must be submitted with this form.

<i>Geneva Police Department Golf Cart Registration</i>			
Registration Date:			Sticker #
Golf Cart Make:			Model:
Serial #:			Color:
Owner's Name:			
Address:			
City	State	Zip	
Home Phone	Cell		
Insurance Co Name			
Policy Number			
Insurance Co Phone Number			