

*CROTHERSVILLE POLICE DEPARTMENT*

*ORV/GOLF CART REGISTRATION FORM*

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sticker #: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Driver's License #: \_\_\_\_\_

*ORV/GOLF CART INFORMATION*

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN/Serial #: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Insurance Company Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

**A copy of the insurance coverage must be submitted with this form.**

