



THE CITY OF GREENSBURG

Golf Cart Permit Application

Greensburg Police Registration # _____

Name _____ Vehicle# _____

DOB _____ DL# _____

Address _____ Phone _____

Golf Cart Info:

Make _____ Model _____ Year _____

Color _____ VIN _____

Insurance Provider _____ Policy _____

Headlights Brake lights Turn Signals Rearview Mirror

Seatbelts Taillights Slow Moving Sign

Officer's Signature _____ Date _____

I acknowledge the receipt of Ordinance #2021-10 and do agree to abide by all requirements of these City of Greensburg Ordinances.

Applicant's Signature _____ Date _____