CITY of GILBERTVILLE

Golf Cart Registration- ATV / Renewal

Applicant's Name: _____
First M.I. Last

Mailing Address: _____

_____

Physical Address, if Different than Mailing Address: _____

_____

Phone: _____ Cell: _____

Driver's License Information:

DL Number: _____ Expiration Date: _____

Golf Cart Information:

Color: _____ Make: _____ Serial Number: _____

Insurance Information:

Insurance Carrier: _____ Policy Number: _____

Signature of Applicant: _____ Date: _____

Approved By: _____ Date: _____

Registration / Renewal Fee: $20.00 - Payment Record: _____

Specific Identification Number: _____ Photocopy of Driver's License ☐Yes ☐No

Deliver to: City of Gilbertville
1321 5th St.
Gilbertville, IA 50634

V1-14