



**CITY OF CHETOPA  
ANNUAL GOLF CART REGISTRATION FORM**

APPLICANTS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CHETOPA, KANSAS 67336

DRIVER'S LICENSE NO. \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_

**VEHICLE INFORMATION**

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VIN # \_\_\_\_\_

YEAR \_\_\_\_\_

BRIEF DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

**FOR CITY USE ONLY**

DATE APPLIED \_\_\_\_\_ RECEIPT # \_\_\_\_\_ BY \_\_\_\_\_

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERMIT NO.