

City of Lefors

103 N. Court, Lefors, Texas 79054
Office: 806-835-2200

cityoflefors@yahoo.com

GOLF CART PERMIT APPLICATION

Date of Application: _____

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Address where golf cart is stored, if different from address above:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Drivers License No.: _____

E-mail (optional): _____

GOLF CART INFORMATION:

Vehicle Identification Number and/or Serial Number: _____

Year: _____ Make/Model: _____ Color: _____

Electric or Gas? _____ Identifying Features: _____

Do Not Write Below This Line – Office Use Only

REQUIRED INSPECTION ITEMS:

- | | |
|--|--|
| <input type="checkbox"/> Headlamps (2 required) | <input type="checkbox"/> Side Reflectors (2 front – amber; 2 rear – red) |
| <input type="checkbox"/> Tail Lamps | <input type="checkbox"/> Proof of Liability Insurance |
| <input type="checkbox"/> Exhaust System (gas) | <input type="checkbox"/> Parking Brake |
| <input type="checkbox"/> Orange Slow Moving Vehicle Symbol | <input type="checkbox"/> Rear View Mirror or Passenger Side Mirror (unobstructed view to 200 feet) |
| <input type="checkbox"/> City Issued Permit Decal | |

Pass / Fail Inspected by: _____ Date: _____
Circle One

Fee: Initial Inspection \$ _____ Re-Inspection \$ _____ (Personal Check or Exact Cash Only)

Received By: _____ Date: _____

PERMIT NO.: _____ EXPIRATION DATE: _____