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 differen	t from address abo	ove:			
Address:		City:	State:	Zip:	
Home Phone:	Cell Phone:		Work Phone: _		
Date of Birth:	Drivers	Drivers License No.:			
E-mail (optional):					
GOLF CART INFORMATION:					
Vehicle Identification Number and/or Serial N	lumber:				
Year: Make/Model:			Color:		
Electric or Gas?Identify	ying Features:				
L	o Not Write Below	This Line — Office	Use Only		
REQUIRED INSPECTION ITEMS:					
Headlamps (2 required)	Side Reflectors (2 front - amber; 2 rear - red)				
Tail Lamps		Proof of Liability Insurance			
Exhaust System (gas)		Parking B	Brake		
Orange Slow Moving Vehicle Symbol		Rear View Mirror or Passenger Side Mirror (unobstructed			
City Issued Permit Decal		view to 20	00 feet)	·	
Pass / Fail Inspected by:		_	Date:		
Fee: Initial Inspection \$	Re-Inspection	1 \$	(Person	al Check or Exact Cash Only)	
Received By:					
PERMIT NO.:			N DATE:		