## CITY OF CHILLICOTHE APPLICATION FOR GOLF CART / RECREATIONAL OFF-HIGHWAY VEHICLE AND TRAILER PERMIT

DATE:	PERMIT NO.
GENERAL INFORMATION Applicant's Name:	Applicant's Address:
Applicant's Phone No	
Applicant's Driver License No.	State:
INSURANCE INFORMATION	GOLF CART/ RECREATIONAL OFF-
Insurance Carrier:	HIGHWAY VEHICLE INFORMATION  Make:
Policy Number:	Model:
ADDITIONAL OPERATORS	Serial Number/VIN:
Name:Address:	General Description:
Name:Address:	GOLF CART TRAILER INFORMATION
•	Occupant: Utility:
	Make:
* •	Serial Number/VIN:
	General Description:
result of the operation of the Vehicle and to indemnify, defend damages incurred by the City (including attorney's fees and co relinquish all claims which I now have or may subsequently ha discharge the City and its officers, employees, agents, members Vehicle.	inois (the "City") for a permit to operate a golf cart (the "Vehicle") amage or injury to person or property which may be sustained as a and hold harmless the City for any and all costs, losses, expenses or sts) as a result of the operation of the Vehicle. I hereby waive and we as a result of the operation of the Vehicle, and fully release and s and servants, from any claims that may arise from the operation of the
that the City of Chillicothe Police Department and/or City of Cinsure that any assigned proof of compliance will remain attach the rules and regulations set forth by the City of Chillicothe con	" I have paid the permit fee for the above golf cart. I also understand hillicothe interpretation of all the rules and regulations are final. I will ed to the golf cart at all times. I furthermore insure that I will obey all incerning the operation of a golf cart with the City limits.
Signature of Applicant	
OFI	FICIAL USE ONLY
Inspected by:	Date Inspected: