

CITY OF AGENCY
PO BOX 218
AGENCY, IOWA 52530
PHONE: 641.937.5215
FAX: 641.937.0405
cityofagency@mchsi.com

Golf Cart Registration/Renewal Form

Permit #

Name: _____

Mailing Address: _____ Physical Address: _____
(if different than Mailing)

Phone: _____

Cell: _____

E-mail Address: _____

Driver's License Information _____
License Number

Expiration Date

Golf Cart Information: _____
Color Make

Vehicle Identification #

Insurance Information: _____
Insurance Carrier

Policy #

I understand this permit is issued to me and is to be clearly displayed on the rear of the Golf Cart. I understand all drivers must meet requirements of the City of Agency Ordinance # 217 effective January 1-2015, and that I have received a copy of Ordinance #217.

Signature of Owner: _____

Date: _____

Approved by: _____

Date: _____

Registration/Renewal Fee: \$5.00

Receipt # _____