

Westville Police Department

Golf Cart Check List

Owner Information

Name: _____ Address: _____

Date of Birth: _____ Drivers License # _____

Phone #: _____ Cell #: _____

Vehicle Information

Make: _____ Model: _____ Year: _____

VIN# _____ Color(s): _____

Insurance Information

Insurance Co; _____ Policy #: _____

Expiration Date: _____

Emergency Contact

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Required Equipment

For Inspecting Officer only

Headlights: _____ Taillights: _____ Rear View Mirror: _____ Slow Moving Vehicle Triangle: _____

Brake Lights: _____ Key to limit Speed to 25 mph (UTV's only, typically Yellow in color): _____

If any one item is missing or deficient, it must be corrected and re-inspected prior to issuance of Permit

Date: _____

Inspecting Officer: _____

Badge #: _____ Sticker # _____

Accident Waiver and Release of Liability

To operate Golf Carts and Utility-Terrain Vehicles in the Village of Westville

I acknowledge that operating a golf cart or utility-terrain vehicle on Village of Westville streets, alleys and/or sidewalks carries the potential for injury, death, and property loss. The risks include, but are not limited to those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, actions of other people including, but not limited to pedestrians (to whom I am required to yield the right-of-way– at all times), bicycles and skateboards. I hereby assume all the risks of operating a golf cart or utility-terrain vehicle on Village of Westville streets, alleys and/or sidewalks.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and waive, release and discharge the Village of Westville and/or its officers, employees, and the County of Vermilion from any and all future claims of liability and/or property damage from my operation of a golf cart or utility-terrain vehicle on Village of Westville streets, alley’s and/or sidewalks.

Printed Name: _____ Signature: _____

Address: _____

Date: _____

Witness

Printed Name: _____ Signature: _____

Date: _____ Relationship or Employer: _____