



Michael Moon  
Savanna Chief of Police  
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**Golf Cart Permit Application**

Date: \_\_\_\_\_

Name of Driver/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Make, Model, Serial Number of Golf Cart: \_\_\_\_\_

\_\_\_\_\_  
Name of Insurance Carrier \_\_\_\_\_

Copies of Drivers License for all drivers and proof of insurance must be submitted before approval of Permit.

Inspection of required safety equipment: \_\_\_\_\_

\_\_\_\_\_  
Applicant

Approved:

\_\_\_\_\_  
Chief Michael Moon