



KELLEYS ISLAND POLICE DEPARTMENT

James E. Bartus II, Chief of Police

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GOLF CART INSPECTION

NAME: _____ **PHONE:** _____

ADDRESS: _____

P.O. BOX: _____ **STATE:** _____ **ZIP CODE:** _____

GOLF CART MAKE: _____ **MODEL:** _____

YEAR: _____ **VIN#:** _____

GAS: _____ **ELECTRIC:** _____

	<u>YES</u>	<u>NO</u>
1. <u>OPERATIVE HEADLIGHTS</u>	_____	_____
2. <u>OPERATIVE TAIL LIGHTS</u>	_____	_____
3. <u>BRAKING ABILITY/BRAKE LIGHTS</u>	_____	_____
4. <u>MUFFLER</u>	_____	_____
5. <u>SEATBELTS</u>	_____	_____

INSPECTED BY: _____ **DATE:** _____

APPLICANT: _____ **DATE:** _____