



City of Pleasant Hill

Golf Cart Permit

5160 Maple Dr Pleasant Hill, IA 50327 | PH: 515-262-9368 | Email: lremley@pleasanthilliowa.org

Golf Cart Owner _____

First and Last Name _____

Residential Address _____

Contact Phone # _____

Golf Cart Information

Serial Number _____

Make & Model _____

Year _____

Color _____

Golf Cart Information

****Proof of insurance must be carried in the Golf Cart at all times.****

****Registration permit tag must be displayed on safety flag.****

Under penalties of perjury, I declare this vehicle is insured with the company names below and I will maintain liability insurance throughout the registration period in accordance with the section 621 of the Code of Iowa.

Name of Insurance Company _____

Equipment Requirements

Check off that the following is on or included with the Golf Cart:

_____ Slow Moving Vehicle Sign

_____ Adequate Brakes - Code of Iowa 321.247

_____ Safety Flag (extends above roof)

_____ Head Lights, Brake Lights, Turn Signal Lights

_____ Rear View Mirror

_____ Proof of Insurance

I have read and understand the golf cart ordinance and requirements to operate a golf cart on the streets of Pleasant Hill, IA.

I have reviewed the prohibited streets map.

Signature _____

Date _____

----- Office Use Only -----

Approved By staff _____

Fee of \$ 100.00 Paid Receipt # _____

Permit # _____

Expiration Date: _____