

# Golf Cart Inspection Check List

Name of Owner: \_\_\_\_\_

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

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

- Rear View Mirror: \_\_\_\_\_
- Either:  
One (1) Triangle Reflector 12 inches high mounted on rear of vehicle: \_\_\_\_\_  
Two (2) reflectors 3 inches in diameter mounted on rear of vehicle: \_\_\_\_\_
- Two Operating headlights: \_\_\_\_\_
- 2 operating tail lights: \_\_\_\_\_
- Proof of Insurance: \_\_\_\_\_
- Driver's License: \_\_\_\_\_

Approved By Town Of Cedar Point Safety Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

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