

TOWN OF OSSIAN GOLF CART REGISTRATION



Owner Name:	DOB:		
Address:	City:	State:	Zip:
Phone:	Driver's License #:		
Golf Cart Liability Insuran	ce Company:		
Policy #:	Phone:	:	
Golf Cart Make:	Color:		
Vehicle Identification Nur	mber:		
Equipped for Night Drivin	ng: Yes No		
Ossian Registration Numb	per		
2025	2026		
2027	2028		

Copy of Driver's License: