



For Office Use Only

GC or ORV

Marysville Recreation Department
867 E. Huron Blvd., Marysville, Michigan 48040
(810) 455-1302

Golf Cart/ORV Registration Application

Applicant _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email (optional) _____

Driver's License Number(s) _____

Make and Color of Golf Cart _____

Insurance Policy _____

(Please bring copy to the Recreation Department)

I hereby certify receipt of the Informational Packet and have read and understand the Resolution or Ordinance and Information provided in the packet.

Applicant's Signature _____ Date _____

When registering your golf cart please bring the following to the Marysville Recreation Department, 867 E. Huron Blvd., Marysville, MI 48040:

1. Completed Application Form
2. Drivers License
3. Golf Cart/ORV on a trailer
4. Proof of Insurance