

VILLAGE OF STOCKTON

155 WEST FRONT AVENUE
P O BOX 186
STOCKTON IL 61085

Telephone (815) 947-2515
Fax (815) 947-3413

RODNEY BRANDT
VILLAGE PRESIDENT

SUSANNE YOUNG
VILLAGE CLERK

SALLY FISCHER
VILLAGE TREASURER

**PERMIT APPLICATION
GOLF CART**

Applicant Name: _____

Applicant Address: _____ City/State/Zip _____

Applicant Phone Number: _____ DOB _____

Applicant Driver's License Number _____ State: _____

Insurance Carrier (or photo copy of current liability insurance card)

Insurance Company Name: _____

Address: _____

Phone Number: _____

Policy Number: _____

Golf Cart:

Make: _____

Model: _____

Serial Number: _____

Description: _____

Attach copy of valid drivers' license and insurance card
