Golf Cart Assessment and Winter Storage

2024/25

Contact Information (department/contact responsible):

First: _____ Last:_____

Email: _____

Contact Phone Number: _____

Department cart is assigned to: _____

Is the cart normally kept inside or outside? _____

How many carts will you be storing with us? _____

Please list all cart registration #'s (i.e., R138, U161): _____

FOAPAL: _____

Please indicate any additional issues or concerns regarding your golf cart(s)_____

Transportation Services Only Below This Line

Cart (#) key returned_____ Lock returned _____ Lock key returned_____ Cable returned _____

Cart (#) key returned_____ Lock returned _____ Lock key returned_____ Cable returned _____

Cart (#) key returned_____ Lock returned _____ Lock key returned_____ Cable returned _____

Cart (#) key returned_____ Lock returned _____ Lock key returned_____ Cable returned _____

Any damage noted:

_____

_____

Cart(s) dropped off by:

Print name: _____

Signature: _____

Date: _____

Cart(s) picked up by:

Print name: _____

Signature: _____

Date: _____