

GOLF CART REQUEST FORM

Campus Departments wishing to use the COE Golf Cart for official GSU business only should:

1. Complete this form and fax it to the COE Dean's Office @ 85093.
2. It is your responsibility to ensure that all drivers of the cart are licensed drivers, and that the cart is driven in a safe and professional manner.
3. It is the driver's responsibility to spot check the golf cart before driving and report any existing damage prior to driving to prevent your department from being charged for the repairs.
4. After using the cart, replace the protective cover upon parking the equipment, secure the chain/lock, and return the key promptly to the Dean's Office.
5. Report any damage to or problems which may occur with the golf cart immediately upon returning key.
6. Be aware that if any damage occurs which is not covered by insurance while the golf cart is signed out to your department, an estimate will be obtained through Physical Plant, and your department will be responsible for the cost of repairs.
7. It is your responsibility to make sure the golf cart is kept secure at all times.
8. Ensure the cart is driven and parked **only** on sidewalks and paver areas. Golf carts are not allowed on city streets.
9. Your department must replace all gasoline used during the time period you are in possession of the golf cart.
10. The driver is responsible for clearing all trash from the golf cart before returning it to the COE Department.
11. Only the drivers listed below are authorized to drive this vehicle while checked out to your department.

The golf cart will be signed-out to university departments on a first come first serve basis. You will be notified if your request has been approved.

Vehicle Number 1061 - 4 Seat Club Car

Department: _____ Phone: _____

Name of Driver(s): (1) _____ (2) _____

License #(s): (1) _____ (2) _____

Reason for use: _____

Equipment Checked-Out (date & time): _____

Equipment will be returned on (estimated date & time): _____

Equipment was returned on (Upon return): _____

Driver's Signature/Date: _____

Department Head Approval/Date: _____
(Requesting Department)