



GOLF CART AND SERVICE VEHICLE SAFETY POLICY VEHICLE INFORMATION FORM

This form shall be completed by the department head and attached to each requisition for purchase of golf carts and service vehicles.

Name of Individual Initiating Purchase: _____

Department: _____

Campus: _____ Room Number/Building: _____

Overnight parking and charging location (be specific): _____

Phone Number: _____ Fax Number: _____

I have read the RMU Golf Cart and Service Vehicle Safety Policy and acknowledge that my department is able to comply with all requirements of this Policy.

I acknowledge that all members of my department, who shall be granted the privilege to operate golf carts on RMU premises, shall be required to comply with the requirements of this Policy.

Signed: _____ Date: _____

Department Head

Name of Purchasing Agent: _____

Purchase Order No.: _____ Date: _____

Purchasing Agent: Please forward to Environmental Health and Safety.