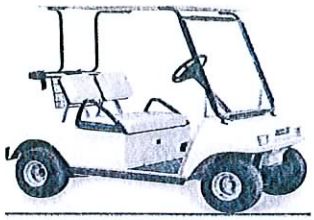

Lake Clarke Shores Police Department

Low Speed Vehicle Inspection Form

Resident Name:_____Resident Phone(s):_____/_____

Resident Address:_____City:_____State:_____Zip:_____

Low Speed Veh. Make:_____Model:_____Serial No.:_____

Proof of Insurance: Ins. Co. Name:_____Policy #:_____

Inspector Please Note:

(Please Attach Photos of the above Vehicle and a Photocopy of the Insurance Card or Policy to this Form)

Inspection Item	Pass	Fail	Comments
Efficient Braking			
Reliable Steering			
Safe Tires			
Rear View Mirror			
Red Reflective F/R			
Headlights/Rear Lights			
Brake Lights			
Turn Signals			
Windshield			
Safety Belts Per 316.614			

I certify that I have conducted an inspection of the above referenced low speed vehicle and that the conditions of the inspection items are accurately reported.

_____ ____/____/_____ _____

Inspector's Printed Name — Inspection Date — Town of Lake Clarke Shores Tag Number

X_____

Inspector's Signature

Registration Fee: $200.00 ☐

Annual Renewal: $50.00 ☐

Low speed Vehicles shall not be licensed or operated if any inspection item fails, until such time as the failed inspection item has been installed, repaired or replaced.