For Office Use Only

Tag # _____

St. Clair Police Department

547 N. Carney Drive, St. Clair, Michigan 48079
(810) 329-5710

ORV Registration Application

(Golf Cart/side by side/UTV)

Applicant _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email (optional) _____

Driver's License Number _____

Make and Color of ORV _____

Insurance Co./Policy No. _____

(Must present proof of insurance to Police Department)

I hereby certify receipt of the Informational Packet and have read and understand City of St. Clair Ordinance No. 2025-01 provided in the packet.

Applicant's Signature _____ Date _____

When registering your ORV, please bring the following with you to the St. Clair Police Department:

1. Completed Application Form
2. Current/Valid Driver's License
3. Proof of Insurance for the listed ORV