



CITY OF WASHINGTON GOLF CART REGISTRATION APPLICATION

**Owner Information**

Date of Application _____

Owner Full Name _____ OLN _____

Date of Birth _____ Driver's License State _____ Expiration Date _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Is Golf Cart Located at Above Address? Yes No

If No, Address Where Golf Cart Is Located _____

Golf Cart Information

Make _____ Model _____ VIN Number _____

Year of Manufacture _____ Color(s) _____

No. of Seats in Front Row _____

No. of Seats in Back Row _____ Rear Seats Are: Front Facing Rear Facing***By my signature, I agree to the following:***

I have read and understand the attached City of Washington Ordinance. I understand that this registration is only valid for the single golf cart described herein, and only valid for the owner listed herein. If ownership of the golf cart is transferred for any reason, this registration will immediately become null and void. I understand that I am responsible for ensuring that any and all safety equipment listed below be maintained and kept in working order. I understand that anyone that operates or rides upon the golf cart is subject to the same restrictions and allowances that are being imposed upon the owner.

Signature_____
Printed Name_____
Date*OFFICIAL USE, DO NOT WRITE IN THIS SPACE***Inspecting Officer** _____ **Signature** _____**Date** _____ **Badge No.** _____**This Golf Cart Has Fully Functioning:**
 Headlights Taillights Brake Lights
 Turn Signals Safety Flag Seat Belts



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Upon passing inspection, the owner shall obtain a registration permit from the city Clerk Treasurer, which must be renewed annually. At the time of registration and upon each subsequent renewal, the golf cart owner must provide proof that he or she holds a valid driver's license, is at least 16 years of age and must provide proof of a policy of liability insurance on said cart in the amounts set out by I.C. 9-25-2-3 or any successor statute.

PLEASE BRING A COPY OF YOUR INSURANCE TO THE CLERK'S OFFICE TO RECEIVE REGISTRATION STICKER.

<i>CLERK'S OFFICIAL USE, DO NOT WRITE IN THIS SPACE</i>			
Clerk Official _____	Signature _____	Date _____	
Insurance Company _____	Insurance Policy No. _____		
Registration No. _____	Amt. Collected:	<input type="checkbox"/> \$40 Initial	<input type="checkbox"/> \$25 Renewal