

CITY HALL

151 WILLOWBEND ROAD PEACHTREE CITY, GA 30269 PHONE: 770-487-7657 Fax: 770-631-2505 WWW.PEACHTREE-CITY.ORG

Golf Cart OWNERSHIP

Golf Cart OWNERSHII TRANSFER	?	Decal #:	
IKANSFEK			
CART INFORMATION			
VIN/SERIAL#	Cart Year		
(include all letters & numbe	rs) Color		
Make *	Type GAS /	/ ELECTRIC (circle one)	
*Note: State Law mandates that golf carts wei		mph . If your vehicle does not	
PROOF OF OWNERSHIP (required –			
Former Owner Released Bill	of Sale Other		
	(specify)		
OWNER INFORMATION			
Name	Are you 18 years of age or	Are you 18 years of age or older? YES / NO (circle one)	
Physical Address of Owner & Cart	Please read caref	allv•	
Street Address		•	
City		erstand and will abide by Peachtree	
State	the brochure. I have been adv	City and state laws pertaining to motorized carts as described in the brochure. I have been advised to obtain liability insurance	
Zip accept both legal and civil 1			
Subdivision	understand that I will be charg	 committed during the operation and use of the cart, and understand that I will be charged for any violation of Section 78-93. I certify that the information contained herein is correct to the best of my knowledge 	
Phone #			
Alt. Phone #			
Email	Owners Signature (required	d) Date	

Cash, Credit card or check payable to: Peachtree City **NOTE:** <u>Immediately</u> report stolen carts to the Peachtree City Must provide driver's license & Bill of Sale or Release form Police Department. Submit a release of liability form within 10 days of changes in cart ownership (sale, transfer, relocation of For Office Use Only:

owner, or destruction of cart).

Amount Paid:

Authorization:

Stormwater Acct. YES / NO

Walk-In / Mail-In

Handicap Decal

State Authorization? Decal Issued?

YES / NO

YES / NO