



**CITY OF ORTING**

110 TRAIN ST SE, PO BOX 489, ORTING WA 98360  
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www.cityoforting.org

**ELECTRIC GOLF CART REGISTRATION**

NEW     RENEWAL

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GOLF CART YEAR: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

ANNUAL REGISTRATION FEE (To be paid in January of every calendar year): **\$15.00**

**My initials and signature below verify that I:**

- Have received the City Ordinance #903, Municipal Code 7-8 and RCW 46.08.175 governing Electric Golf Cart Zones have reviewed the documents and understand them. \_\_\_\_\_initials
- Relieve the City of all liability regarding my Electric Golf Cart and its operations. \_\_\_\_\_initials
- Understand that the City is neither inspecting my Electric Golf Cart nor guaranteeing its condition or safety. But understand that my Electric Golf Cart must be equipped with reflectors, seatbelts and rearview mirrors. \_\_\_\_\_initials
- Must have a valid WA State Driver’s License and /or anyone who drives my registered Electric Golf Cart and will obey the rules of the road knowing that I or a licensed driver driving my Electric Golf Cart can receive a violation. \_\_\_\_\_initials
- Am responsible to maintain my annual registration every January. \_\_\_\_\_initials
- Understand no travel on Washington, Kansas or Calistoga is allowed except crossing. \_\_\_\_\_initials

My signature indicates that I have given the proper information in regard to my Electric Golf Cart and that I own. By signing below verifies that I understand all that is required to operate my Electric Golf Cart.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Official Use Only*

Golf Cart Registration Number: \_\_\_\_\_ Golf Cart Tab Year: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check / Cash / Debit / Credit    Receipt #: \_\_\_\_\_

