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 #:_________________