GOLF CART REGISTRATION

Town of Beaux Arts Village, Washington



LAST NAME:	FIRST NAME:MI:
ADDRESS:	
PHONE:	_EMAIL:
GOLF CART YEAR:	_MAKE/MODEL:
SERIAL:	-
Check one: New Registration Renewal _	(if renewal, ID # BAV)
ANNUAL REGISTRATION FEE (must be paid in Janua My initials and signature below verify that I:	ry of each calendar year): \$30.00
 golf cart operations and restrictions. Relieve Beaux Arts Village of all liability reg Understand that Beaux Arts Village is neither condition or safety. But understand that my lights, seatbelts, and rearview mirrors. Understand that I and/or anyone who drive State Drivers License and will obey the rule driving my golf cart can be cited for violating. Understand that I and/or anyone who drive insurance when operating my registered care. 	es my registered golf cart must have proof of
My signature indicates that I have given the proper signing below verifies that I understand all that is re	information in regards to my golf cart that I own. By equired all that is required to operate my golf cart.
Signature:	Date:/
TOWN USE ONLY:	
ASSIGNED CART IDENTIFICATION NUMBER: BAV Date:/	