## **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
<ul> <li>golf cart operations and restrictions.</li> <li>Relieve Beaux Arts Village of all liability reg</li> <li>Understand that Beaux Arts Village is neither condition or safety. But understand that my lights, seatbelts, and rearview mirrors.</li> <li>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.</li> <li>Understand that I and/or anyone who drive insurance when operating my registered care.</li> </ul>	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: BA\	/ Date: / /
ASSIGNED CANTIDENTIFICATION NOMBER.	<i></i>