



**City of Vidalia**

114 Jackson Street \* P.O. Box 280 \* Vidalia, GA 30475 \* 912-537-7661

**Golf Cart Registration Form**

**Owner Information:**

Name:

Are you 18 years of age or older?  Y  N

Physical Address of Owner

Mailing Address, if Different

Street:

Street:

City:

City:

State:  Zip Code:

State:  Zip Code:

Subdivision:

Phone:

Insurance Information

Alt. Phone:

Insurance Company:

Email:

Insurance Agent:

Policy #:

**Golf Cart Information**

VIN/Serial #:  Cart Color:  Cart Year:

Cart Make:  Cart Model:   Gas  Electric

Note: State Law mandates that golf carts weigh under 1,300 pounds and cannot exceed 20 mph. If your vehicle does not comply, it cannot be legally registered or used on City streets.

**PLEASE READ CAREFULLY**

I have been required to obtain liability insurance for this golf cart. I understand that, as the registered cart owner, I accept both legal and civil responsibility for any actions committed during the use of the cart, and understand that I will be charged for any violation of either State Law or City Ordinance. I certify that the information contained herein is correct to the best of my knowledge.

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

**FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Authorization: \_\_\_\_\_  
Walk In / Mail In  
Customer ID: \_\_\_\_\_

Decal # Issued  
\_\_\_\_\_