



ISLAMORADA VILLAGE OF ISLANDS

GOLF CART REGISTRATION

Date: _____ Registration decal No: _____

Applicant / Owner Information: _____
(Last) (First) (MI)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Subdivision: _____ E-Mail Address: _____

Mailing Address (if different)

Address: _____

City: _____ State: _____ Zip Code: _____

Golf Cart Information:

Make: _____ Model: _____ Color: _____

Serial Number: _____

Insurance Company: _____ Policy No.: _____

Type: Gas / Electric (circle one)

Please provide completed inspection sheet and proof of insurance at the time of registration.

For Office Use Only

Application fee:\$ _____

Permit fee:\$ _____

Total Amount paid:\$ _____

Date: _____

Receipt # _____

Authorization: _____

Please Read Carefully:

I have received a copy of Islamorada Village of Islands Golf Cart Ordinance governing the operation of motorized golf carts. I understand and will abide by Islamorada Village of Islands ordinance and state laws pertaining to motorized golf carts. I have and will maintain liability insurance for the registered cart. I understand that as the registered cart owner, I accept both legal and civil responsibility for any actions committed during the operation and use of the cart and understand that I or the operator may be charged for any violations of said ordinance. I certify that the information contained herein is correct to the best of my knowledge.

Owners Signature (required)

Date



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GOLF CART INSPECTION SHEET

(Please Print)

Date of inspection: _____

Name of Mechanic: _____

Name of business where inspection took place: _____

Golf cart must pass all safety points below for permit to be issued.

	<u>Pass</u>	<u>Fail</u>	<u>Explanation</u>
Brakes	___	___	_____
Steering Apparatus	___	___	_____
Tires	___	___	_____
Rear View Mirror	___	___	_____
Red Reflection Warning Devices (Front & Rear)	___	___	_____
Rear Stop Light	___	___	_____
Turn Signals	___	___	_____
Headlights	___	___	_____

Mechanic's Signature: _____

*This inspection must be performed and form completed
by a certified mechanic.*