



ISLAMORADA VILLAGE OF ISLANDS

GOLF CART REGISTRATION AND INSPECTION

Date: _____ Registration decal No: _____

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

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Subdivision: _____

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)

SAFETY INSPECTION:

Golf cart must pass all safety points below for permit to be issued			
Inspected by Officer: _____	PASS	FAIL	EXPLANATION
BRAKES			
STEERING APPRATUS			
TIRES			
REAR VIEW MIRROR			
RED REFLECTION WARNING DEVICES (Front & Rear)			
REAR STOP LIGHT			
TURN SIGNALS			
SAFETY BELTS			
HEADLIGHTS			

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