



# Annual Residential Golf Cart Registration

## Golf Cart Information

VIN/Serial #:	Year of Manufacture:
Make:                      Model:	Color:
Drive Type (Circle One): <b>GAS</b> <b>ELECTRIC</b>	<b>Office Only</b> Decal #:                      Year of Issue:

## Owner Information

First Name:	Last Name:
Physical Address:	Driver's License #:
City:	Home Phone #:
State:	Cell Phone #:
Zip:	Email:
Insurance Company	Insurance Policy #

I certify that I am 18 years of age or older and possess a valid Virginia state driver's license.

I have attached proof of insurance to this registration form.

**Please read carefully:** I have received a copy of the Town of Victoria's "Golf Cart and Utility Vehicle Ordinance. I understand and will abide by Town of Victoria and Virginia State laws pertaining to motorized carts as described in the brochure. 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 will be charged for any violation of 46.2-916.3 of the Code of Virginia. I certify that the information contained herein is correct to the best of my knowledge.

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**Signature of Registrant (required)**

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**Date**