



City of Cartersville

P O L I C E D E P A R T M E N T

Golf Cart Registration Form

Cartersville Community Transportation Vehicle Ordinance
Sec. 12-140

**Form must be completed in full and copy of valid insurance provided before decal assigned*

Owner Information *(Copy of owner's identification must be provided)*

Name: _____ Email: _____

Street Address: _____ State: _____ ZIP: _____

Mailing Address: _____ State: _____ ZIP: _____
(If different than street address)

Phone Number: _____ (Home) _____ (Cell)

Vehicle Information

Make: _____ Model: _____

Serial Number: _____ Color: _____

Renewal: Yes or No

Insurance Information *(Copy of valid insurance must be provided)*

Company: _____ Policy Number: _____

Applicant/Owner Signature _____

FOR OFFICIAL USE ONLY:

Registration Number: _____ Date: _____

Official Name: _____ Badge #: _____