

CITY OF WHIGHAM

MOTORIZED CART REGISTRATION FORM

CART INFORMATION :

Decal #: _____

VIN/SERIAL # _____ Cart Year _____ Make _____
Color _____ Type: ELECTRIC / GAS (circle one)

Owner _____ Driver's License # _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

I have received the City of Whigham's Motorized Cart Ordinance. I understand and will abide by the city and state laws pertaining to motorized carts as described in the ordinance. I have been advised to obtain **liability insurance** for the 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 will be charged for any violation. I certify that the information contained herein is correct to the best of my knowledge.

Owner's Signature

Date

For Office Use Only:

Safety Inspection: _____ Date: _____

Whigham Officer

Amount Paid: _____ Receipt # _____ Authorization: _____