

Town of Lake Hamilton

100 Smith Ave
Post Office Box 126
Lake Hamilton, FL 33851-0126
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APPLICATION TO REGISTER A GOLF CART

The following information is required for submission of an application to register a properly equipped Golf Cart for operation on the designated public streets of the Town of Lake Hamilton.

Name of Property Owner: _____

Mailing Address: _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

Golf Cart Equipment Inspection Check-list:

Please complete this section by checking the equipment on your Golf Cart and commenting as to the condition and working order of each. The Police Department will inspect your Golf Cart prior to recommending approval of your registration and attach a picture of your vehicle for the file. Although they are not required equipment, the Town of Lake Hamilton recommends considering the installation of seat belts and shoulder restraints if children and small adults are riding in your Golf Cart.

Equipment

Conditions and Comments

- | | |
|--|-------|
| 1. Brakes: _____ | _____ |
| 2. Steering: _____ | _____ |
| 3. Tires: _____ | _____ |
| 4. Rearview Mirror: _____ | _____ |
| 5. Reflectors front: _____ | _____ |
| 6. Reflectors rear: _____ | _____ |
| 7. Turn signals: _____ | _____ |
| 8. Head Lights: _____ | _____ |
| 9. Tail Lights: _____ | _____ |
| 10. Windshield: _____ | _____ |
| 11. Vehicle Identification Number: _____ | _____ |

Proof of Insurance

Attached is a copy of the insurance policy currently in force on the Golf Cart I own and am hereby requesting to register with the Town of Lake Hamilton.

Hold Harmless

I agree to hold harmless and indemnify the Town of Lake Hamilton from any damages, claims and/or liabilities arising out of my operation of my Golf Cart on any public street, road, alley, or right-of-way within the Town.

Petition

I hereby petition the Town of Lake Hamilton to register my Golf Cart for the calendar year _____ and to confirm said registration with the issuance of an annual decal that must be permanently attached to my Golf Cart at all times.

Further, I say that the statements and information contained in this application are true and correct in all respects to the best of my knowledge and belief; and that I will operate my Golf Cart in accordance with all adopted Town rules and regulations and in conformance with the Laws of the State of Florida.

Signature

Date

Printed Name

For Office Use Only

Golf Cart Inspected by:

Signature

Date

Printed Name

Registration Approved:

Town Clerk

Date

Decal Number