

Golf Cart Application

Finance Department 140 Stonewall Avenue Suite 101 Fayetteville, GA 30214 (770) 305-5413 Phone

(770) 305-5413 Phone (770) 305-5425 Fax www.fayettecountyga.gov

Please select one	· ·	For Internal Use Only:			
☐Golf Cart Regis☐Golf Cart Char			DECAL #.		
□ Golf Cart Trans	<u>e</u>		DECAL #:		
A CART INFO	RMATION	В	PROOF OF OW	NERSHIP	
1. VIN/Serial #	#:		**This section is required if New Golf Cart Registration or Golf Cart Transfer of Ownership is checked.		
2. Cart Year:	(include all letters and numbers)		Check One of the F	ollowing.	
3. Color:			Former Owner Rele	-	
4. Type:	GAS / ELECTRIC (circle o	ne)	Bill of Sale:		
5. *Make:	1. 1. 10	1 1 200	Other:		
pounds and cann	w mandates that golf carts weight not exceed 20 mph. If your vehict t be legally registered or used on	le does not		ecify)	
Name:Physical Address of O	Owner & Cart		of age or older?: YE		
Street Address:	S WAREA CONT.	Mailing Address (if different): Street Address:			
City, State & Zip:		City, State	& Zip:		
Subdivision:			Please read car		
Phone Number:		and will abide by	Fayette County and stat	nce Information. I understand te laws pertaining to motorized	
Alt Phone Number:		liability insura	nce for the cart. I underst	nave been advised to obtain and that, as the registered cart	
Email Address:		committed durir I will be char	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 Chapter 10, Article III of the County Ordinance. I certify that the information contained herein is correct to the best of my knowledge.		
Owner's Signature (re	equired) Date	_			