Golf Cart Registration

Owner's Name: _____

Flowers Address: _____

Neighborhood: _____ Lot No. _____

Telephone: _____ Email: _____

Driver's License Number: _____ State Issued: _____

Golf Cart Details:

Make (MFG): _____ ID#: _____ Year: _____ Color: _____

Insurance Certification: Under penalty of perjury, I declare this vehicle is insured with the insurance carrier named below and that I will maintain liability insurance throughout the annual registration period.

Name of Insurance Company and policy number: _____

Golf Cart Guidelines

1. Drivers must possess a valid driver's license and proof of insurance.
2. Drivers must obey all traffic laws and posted speed limits.
3. Only battery powered golf carts are permitted within Flowers Plantation.
4. Drivers shall not operate golf carts on pedestrian sidewalks along East Neuse River Parkway.
5. Golf carts must have operable headlights, taillights, and rearview mirrors.
6. Violations will be fined $100.00 per offense.

I have received, read and agree to the Golf Cart Guidelines listed above. I acknowledge that I will assume all liability and am fully responsible for the operation of the above golf cart on the streets and roads in Flowers Plantation whether by me or by others. I will ensure that the assigned golf cart registration decal will remain attached conspicuously to the golf cart at all times. I further acknowledge that I will obey all the guidelines set forth by Flowers Plantation Foundation for the operation of a golf cart now in effect or hereafter adopted.

Owner's Signature: _____ Date: _____

Office Use Only

Registered by: _____ Date: _____

Golf Cart Registration Number: _____

Plate # _____