

MOTORIZED CART REGISTRATION

CITY OF HOSCHTON

CART INFORMATION:

VIN: _____ YEAR: _____

MAKE: _____ COLOR: _____

TYPE: GAS ELECTRIC (CIRCLE ONE)

OWNER INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES/NO (CIRCLE ONE)

PLEASE READ CAREFULLY:

I HAVE RECEIVED A COPY OF THE CITY OF HOSCHTON MOTORIZED CART ORDINANCE. I UNDERSTAND AND WILL ABIDE BY THE CITY OF HOSCHTON AND GEORGIA LAWS PERTAINING TO MOTORIZED CARTS. 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 OF THE CITY OF HOSCHTON OR STATE OF GEORGIA LAW.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Owner Signature (required)

Date

NOTE: Immediately report stolen cart or accident to Jackson County Sheriff Department.

OFFICE USE ONLY: **AMOUNT PAID:** \$25.00 **DECAL:** _____

AUTHORIZATION: _____ **DATE:** _____