

## **GRAND ISLES RESIDENT GOLF CART REGISTRATION FORM**

Date of Application:	<del></del>		
Golf Cart Owner's Name:			
Address at Grand Isles from which the cart is to be operated:		Phone	Number:
List of licensed individuals	who reside in our community who w	vill operate your golf cart in Grand Isles	5:
A \$20.00 registration is to	accompany this form. Check or Mor	ney Order Number:	
	a copy of insurance policy with a tion Date of Policy:	minimum limit of \$300,000 in Liabi	ility for the golf cart?
	GOLF CA	RT INFORMATION	
Make:	Model:	Year:	
Color:	Serial Number:		
	<u>IN</u>	ISPECTION	
	All Golf Carts must be equipp	ped with the following (write YES or NC	O):
Operable Brakes: Reliable Steering Apparatus:		Safe Tires:	
Rearview Mirror: Red Reflectorized Warning Devices in Front and Back: _		Horn:	
Golf C	arts that may be driven at <u>night</u> mus	t have the following equipment in good	d working order:
Headlights:	Turn Signals:	Brake Lights:	Windshield:
Registered golf carts are a		ets only at a safe speed which shall not	
Golf carts are not allowed		County, and Village of Wellington traffic er's driveway while being placed in a ga	
		s. Otherwise, parking rules are the same	
inspection is only for I I release, indemnify an directors, employees,	registration and is not for safety ad hold harmless the Grand Isle	all of the Association's Golf Cart y which is the owner's responsib es Master Homeowners Associati ny claim, injury and damage con registered golf cart.	oility to continuously confirm. ion, Inc., and its officers,
Owner Signature:			
Property Manager Signature:		Date of Issuance:	