

CLAY TOWNSHIP

4710 Pte. Tremble Rd, Algonac, MI 48001

GOLF CART REGISTRATION PERMIT



Decal #

Display sticker on left side of cart



OWNER INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

Physical Address of Owner & Cart plus Mailing Address (if different)

Clay Township Address _____

Street Address _____

Street Address _____

Box__ City/Town _____

City/Town _____

State _____ Zip _____

State _____ Zip _____

Phone # () _____ - _____

Alt. Phone # () _____ - _____

Drivers license # _____

State issued under _____

CART INFORMATION

Serial # _____
(include all letters & numbers)

Cart Year _____

Make of golf cart (Mfg) _____

Color _____

Mfg. to seat how many passengers _____

Type: GAS or ELECTRIC

PLEASE READ CAREFULLY

With the signature below, the owner is certifying that:

1) The information provided is correct and 2) They have read and agree to the following:

I have received and understand the Clay Township Golf Cart Ordinance. I acknowledge that I will assume all liability, and I am fully responsible for the operation of the above cart on the streets and roads in Clay Township, St. Clair County, Michigan. I also acknowledge that Clay Township, in providing this privilege, is in no way endorsing the operation of this cart on the streets and roads, and does not and will not assume any liability in the operation of the cart. I agree to indemnify and hold harmless Clay Township for any liability arising from the use of this golf cart. I also understand that Clay Township Public Police Department and/or Clay Township Board's interpretation of all the rules and regulations are final. I have been advised to obtain **liability insurance** for the cart. 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 Golf Cart Ordinance.

Owners Signature (required): _____ Date: _____

FOR OFFICE USE ONLY

NOTES

Cart modifications _____

Permit Revoked _____ Date _____

Appeal Submitted _____ Date _____

Approved or Denied _____ Date: _____

Authorization: _____

