PEACHTREE CITY
PLAN TO STAY™

CITY HALL
151 WILLOWBEND ROAD
PEACHTREE CITY, GA 30269
PHONE: 770-487-7657
FAX: 770-631-2505
WWW.PEACHTREE-CITY.ORG

Golf Cart OWNERSHIP TRANSFER

Decal #: _____

CART INFORMATION

VIN/SERIAL# _____

(include all letters & numbers)

Cart Year _____

Color _____

Make * _____

Type   **GAS / ELECTRIC** *(circle one)*

__Note:__ State Law mandates that golf carts weigh under 1,300 pounds and **cannot exceed 20 mph**. If your vehicle does not comply, it cannot be legally registered or used on the paths.

PROOF OF OWNERSHIP *(required – check one)*

Former Owner Released _____   **Bill of Sale** _____   **Other** _____

(specify)

OWNER INFORMATION

Name _____

Are you 18 years of age or older? **YES / NO** *(circle one)*

Physical Address of Owner & Cart

Mailing Address (if different)

Street Address _____	**Address** _____
City _____	**City** _____
State _____	**State** _____
Zip _____	**Zip Code** _____
Subdivision _____	
Phone # _____	
Alt. Phone # _____	
Email _____	

__Transfer Fees__: $15.00
Outside City Limits Residents - Additional $100/yr (prorated)

Please read carefully:

I have received the City's "Golf Cart and Recreation Path Information" brochure. I understand and will abide by Peachtree City and state laws pertaining to motorized carts as described in the brochure. 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 Section 78-93. I certify that the information contained herein is correct to the best of my knowledge..

_____   _____

Owners Signature (required)   **Date**

NOTE: *__Immediately__ report stolen carts to the Peachtree City Police Department. Submit a release of liability form within __10 days__ of changes in cart ownership (sale, transfer, relocation of owner, or destruction of cart).*

For Office Use Only:

Amount Paid: _____

Receipt #: _____

Authorization: _____

Stormwater Acct.   YES / NO

Walk-In / Mail-In

__Handicap Decal__

State Authorization?   **Decal Issued?**

    YES / NO   **YES / NO**