



TOWN OF INDIAN BEACH POLICE DEPARTMENT

1400 SALTER PATH ROAD
INDIAN BEACH, NC 28512
PHONE # (252) 247-6700
policechief@indianbeach.org

GOLF CART OWNER REGISTRATION

- Golf Cart Owner's Name: _____
- Owner's Physical Address: _____
- City/Town: _____
- Owner's Mailing Address: _____
- City/Town: _____
- Owner's Telephone No. Day: () _____ Night: () _____
- Owner's Driver License Number: _____
- Make of Golf Cart: _____
- Color of Golf Cart: _____ Model (Year) _____
- Serial Number of Golf Cart: _____
- Assigned Number of Golf Cart: _____
- Employer Address: _____
- Insurance Company: _____ Policy #: _____

I have received, read and understand the "Golf Cart Ordinance." I have paid the registration fee for the above listed cart and agree to additional assessments as may be required in support of this ordinance. I acknowledge that I will assume all liability, and am fully responsible for the operation of the above cart on the streets and roads of the Town of Indian Beach. I also acknowledge that the Town of Indian Beach 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 the Town of Indian Beach for any and all liability arising from the use of this golf cart. ***I also understand that the Indian Beach Police Department's interpretation of all the rules and regulations are final.*** I will insure that the assigned proof of compliance will remain attached to the driver's side of the cart at all times. I furthermore insure that I will obey all the rules and regulations set forth by the Town of Indian Beach concerning the operation of a cart within the town limits.

OWNER'S
SIGNATURE: _____ DATE: _____

CHIEF OF POLICE
SIGNATURE: _____ DATE: _____

NOTE: _____