

Town of Iowa Golf Cart Registration



Golf cart owner's name:		
Owner's physical address:		
Owner's physical address:City/Town:	_ State:	Zip:
Owner's mailing address:		
Owner's mailing address:City/Town:	_ State:	Zip:
Owner's Telephone (Daytime): () (Nighttime): ()		
Owner's Driver's license #:		State:
Additional Driver name:		
Additional Driver name:Additional driver's license #:		State:
Make of golf cart (Mfg):		
Color of golf cart:		Model Year:
Serial #:		
Liability Insurance Provider:		
Insurance Policy #:		
I have received, read and understand the "Golf Cart & Slo registration fee for the above Cart/SMV and agree to addit this ordinance.		
I acknowledge that I will assume all liability, and am fully on the streets, roads, pathways, and highways in the Town in providing this privilege, is in no way endorsing the open pathways, or highways and does not and will not assume a to indemnify and hold harmless the Town of Iowa for any Cart/SMV. I also understand that the Iowa Police Departmant are final. I will insure that the assigned proof of complian Cart/SMV at all times. I furthermore insure that I will obe of Iowa and the State of Louisiana concerning the operation	of Iowa. I a ration of this any liability in and all liabili- ment's interprice will remain by all the rule.	Iso acknowledge that the Town of Iowa Cart/SMV on the streets, roads, in the operation of the Cart/SMV. I agreetly arising from the use of this golf etation of all the rules and regulations in attached to the driver's side of the sand regulations set forth by the Town
Owner's signature: Approved by: Signature:	mt.d	_ Date:
Approved by:	Title	
Signature:		_ Date: