

# WILLIAMSON

"Cherish Our Past, Plan Our Future"

For Office Use Only  
Decal #: \_\_\_\_\_

Williamson City Hall  
PO Box 9  
Williamson, GA 30292  
Phone: 770-227-8380  
Fax: 770-227-8623  
www.CityofWilliamson.org

## Motorized Cart Registration - RESIDENTIAL

### CART INFORMATION

VIN/SERIAL#: \_\_\_\_\_  
(Include all letters & numbers)

Cart Year: \_\_\_\_\_

Make: \_\_\_\_\_

Color: \_\_\_\_\_

Type: GAS / ELECTRIC  
(Circle one)

\*Note: State Law mandates that motorized carts weigh 1,300 pounds or less and **cannot exceed 20 mph**. If your vehicle does not comply, it cannot be legally registered as a motorized cart or used on cart paths.

### OWNER INFORMATION

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

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

#### Physical Address of Owner & Cart:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Email: \_\_\_\_\_

### Please read carefully:

I have received a copy of the City of Williamson Municipal Code **Chapter 8-3 Motorized Carts, Electric Bicycles And Other Low Speed Motorized Vehicles**. I understand and will abide by City of Williamson and State of Georgia laws pertaining to motorized carts. 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 may be charged for any violation of Chapter 8-3. I certify that the information contained herein is correct to the best of my knowledge. See current Motorized Cart Registration Fee Schedule for rates.

\_\_\_\_\_  
Owner's Signature (required) Date

**NOTE: Immediately report stolen carts to the Pike County Sheriff's 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:** City Water Account: YES / NO  
Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Authorization: \_\_\_\_\_ Acct #: \_\_\_\_\_

**MOTORIZED CART PERMIT DECAL AND REGISTRATION**

Select the service type below:

- One Year First-time Applicant - Resident \$10, Non-Resident \$20 - the Motorized Cart is not currently registered
- Three Year First Time Applicant - Resident \$20, Non-Resident \$40 - the Motorized Cart is not currently registered
- One Year Renewal - Resident \$5, Non-Resident \$10 - the Motorized Cart permit is expiring
- Three Year Renewal - Resident \$10, Non-Resident \$20 - the Motorized Cart permit is expiring
- Replace Permit Decal - Resident \$10, Non-Resident \$20 - the Decal on the Motorized Cart is missing or damaged

<b>Insurance Certification</b>		
Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period.		
Name of Insurance Company: _____		
Signature of Cart Owner: _____		Date: _____
<b>Operating Restrictions</b>		
<ul style="list-style-type: none"> <li>The Permit Registration must be carried when the golf cart is operated.</li> <li>To be operated during daylight hours only unless specifically equipped with functional equipment for nighttime operation.</li> <li>Operator must have a valid driver's license and must be at least sixteen years of age.</li> <li>The driver's license must be in the operator's possession.</li> <li>May be driven on a secondary highway or street for which the posted speed limit is twenty-five miles an hour or less, within the City of Williamson.</li> <li>May only cross a highway or street with a posted speed limit of more than twenty-five miles an hour at a marked crossing.</li> <li>Upon sale of the golf cart, immediately notify the City of Williamson in writing giving the name and address of the new owner, with date of sale and remove the assigned Permit Decal from the golf cart upon sale.</li> </ul>		
Owner's Signature: _____		Date: _____
<b>Office Use Only</b>		
Registration No.: _____	Authorization: _____	Date of Issue: _____

PLEASE MAIL THIS DOCUMENT TO:  
 The City of Williamson P.O. Box 9  
 Williamson, GA 30292