



BLOOMINGDALE POLICE DEPARTMENT  
 6 ADAMS ROAD / P.O. BOX 216  
 BLOOMINGDALE, GA 31302  
 PHONE: (912)748-8302

**GOLF  
 CART  
 REGISTRATION  
 FORM**

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

**CART INFORMATION**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ TYPE: GAS / ELECTRIC (circle one)  
 VIN / SERIAL NUMBER: \_\_\_\_\_

**OWNER INFORMATION**

NAME: \_\_\_\_\_ Are you 18 years of age or older? Y/N (circle one)  
 ADDRESS: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_  
 CITY AND STATE: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

I have received a copy of The City of Bloomingdale "Golf Cart Ordinance". I understand and will abide by The City of Bloomingdale and Georgia State laws pertaining to motorized carts as described in the ordinance. 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 City of Bloomingdale "Golf Cart Ordinance". I certify that the information contained herein is correct to the best of my knowledge.

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

\_\_\_\_\_  
 Date

**Payment Method: Cash or Check only.**  
**Please make checks payable to: The City of Bloomingdale**

For Office Use Only:  
 Amount Paid: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Authorization: \_\_\_\_\_  
 Copy of Driver's License Attached? Y / N (circle one)

**NOTE: *Immediately*** report stolen carts to the Bloomingdale Police Department. Also, notification must be made within **10 days** of changes in cart ownership (sale, transfer, relocation of owner, or destruction of cart).