

RICHFIELD TOWNSHIP

1410 N. ST. HELEN ROAD, ST. HELEN, MICHIGAN 48656 (989) 389-4994



GOLF CART REGISTRATION PERMIT

Decal #



Assigned number of golf cart - 3" BLOCK reflective numbers to be located on each side.

OWNER INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

Physical Address of Owner & Cart plus Mailing Address (if different)

Richfield Township / St. Helen Address _____

Street Address _____

Street Address _____

P.O. Box _____

City/Town _____

City/Town _____

State _____ Zip _____

State _____ Zip _____

Phone # () _____ - _____

Alt. Phone # () _____ - _____

CART INFORMATION

Serial # _____
(include all letters & numbers)

Cart Year _____

Make of golf cart (Mfg) _____

Color _____

Mfg. to seat how many passengers _____

Type: GAS or ELECTRIC

PLEASE READ CAREFULLY

With the signature below, the owner is certifying that:

1) The information provided is correct and 2) They have read and agree to the following:

I have received and understand the Richfield Township Golf Cart Ordinance. I acknowledge that I will assume all liability, and I am fully responsible for the operation of the above cart on the streets and roads in Richfield Township, Roscommon County, Michigan. I also acknowledge that Richfield Township, 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 Richfield Township for any liability arising from the use of this golf cart. I also understand that Richfield Township Public Safety Department and/or Richfield Township Board's interpretation of all the rules and regulations are final. 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 Golf Cart Ordinance.

Owners Signature (required): _____

Date: _____

FOR OFFICE USE ONLY

NOTES

Drivers license # _____

State issued under _____

Cart modifications _____

Permit Revoked Date _____

Appeal Submitted Date _____

Approved or Denied Date: _____

Authorization: _____
