

RICHFIELD TOWNSHIP

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

GOLF CART REGISTRATION PERMIT



OWNER INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

Richfield Township / St. Helen Address

Owner Address if Different (including mailing)

Street Address _____

Street Address _____

City/Town _____

City/Town _____

State _____ Zip _____

State _____ Zip _____

Phone # () _____ - _____

Alt. Phone # () _____ - _____

CART INFORMATION

Serial/VIN # _____
include all letters & numbers

Cart Year _____

Cart Color _____

Make/Mfg _____

How many Passenger _____

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. **Cart Operation Requires a Valid Driver's License**

Owners Signature (required) _____

Date _____

FOR OFFICE USE ONLY

Driver's License # _____

Permit Revoked _____

Date _____

State Issued Under _____

Appeal Submitted _____

Date _____

Cart Modifications _____

Approved _____

Date _____

Denied _____

Date _____

Authorization _____

Date _____

Payment _____ Cash or Check # _____

Received By _____