



MOTORIZED CART REGISTRATION FORM

For Office Use Only:
Decal #: _____

CART INFORMATION

VIN/SERIAL # _____ Cart Year _____
(Include all letters & numbers)

Make _____ Color _____

Driver's License # _____ Type **GAS/ELECTRIC** *(circle one)*

Property Owner _____

Owner Address _____

City _____ State _____ Zip _____

Subdivision _____

Telephone # _____

Email _____

Are you 18 years of age or older? YES/NO *(circle one)*
(Applicant must be 18 years or older to register carts.)

Mailing Address (if different)

Address _____

City _____

State _____

Zip Code _____

Please read carefully:

I have received the City's Motorized Cart Ordinance. I understand and will abide by the City of Fayetteville and 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 Section 82-260 to Section 82-267. I certify that the information contained herein is correct to the best of my knowledge

Owners Signature (required)

Date

For Office Use Only:

Amount Paid: _____

Receipt #: _____

Authorization: _____

Walk-In / Mail-In

Handicap Decal

State Authorizations?

YES / NO

Decal Issued?

YES / NO

NOTE: Immediately report stolen carts to the City of Fayetteville Police Department. Submit a release of liability form within 10 days of change in cart ownership (sale, transfer, relocations of owner, or destruction of cart