

CLAY COUNTY GOLF CART INFORMATION FORM

Owner Name\_\_\_\_\_ E-mail\_\_\_\_\_

Mailing Address\_\_\_\_\_ Property Location\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip\_\_\_\_\_

Daytime Phone #\_\_\_\_\_ Contact Person\_\_\_\_\_

Make\_\_\_\_\_ Year\_\_\_\_\_

3 or 4 Wheel\_\_\_\_\_ Gas or Electric\_\_\_\_\_

Has Suntop Y or N Has Windshield Y or N

Purchase date\_\_\_\_\_ Purchase price\_\_\_\_\_

Date golf cart was first in Clay County in your name\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_