Golf Cart Registration Packet

Dear Resident:

This page provides the information you will need to register your golf cart for use on selected City streets. The registration package consists of a registration form and information on the rules and regulations governing golf cart use on public roads. In order to register your golf cart you will need to complete the following steps:

1. Complete the golf cart registration and sign where indicated.
2. Note that proof of insurance is required and you will need to contact your insurance agent to obtain coverage.
3. The City requires that you read and understand the Golf Cart Rules and Regulations that are attached. The information is also available at the Sheriff’s Office in Crystal River and City Hall or may be viewed on line at the City's web site at www.crystalriverfl.org.
4. Upon successfully registering, you will be issued a decal to place on your right rear bumper to indicate your cart has been registered for use on local streets.

The registration is valid for one calendar year with an annual renewal beginning and due in the month of purchase of each year. If you move, you will need to notify City Hall of your address change.

HAPPY AND SAFE CARTING!

Please remember that using golf carts on City streets is a privilege, not a right. The City reserves the right to revoke any and all golf cart registrations as deemed necessary. The City Council also reserves the right to cancel this program at any time.

GOLF CART RULES AND REGULATIONS

The City of Crystal River has approved a program allowing the use of golf carts on streets within the municipal limits of Crystal River. We ask for your assistance in making this program a continued success. Please obey all traffic laws. Please do not allow unauthorized individuals to operate your golf cart. Please respect other motorists by traveling as far to the right on the roadway as is safely possible and protect pedestrians by not driving on sidewalks. Remember that pedestrians have the right of way and that golf carts must yield to pedestrians.

Registration: A golf cart is defined under Florida Law as "A motor vehicle designed and manufactured for operation on a golf course for sporting or recreational purposes." To use a golf cart on City streets, the golf cart must be registered with the City and have some specific equipment. Only properly equipped golf carts are permitted to be driven on City streets.

Equipment Requirements: All golf carts operating subject to Ordinance 11-O-18 must be equipped with efficient brakes, reliable steering, safe tires, a rearview mirror, and red reflectorized warning devices, in both the front and rear, at all times while operated on City designated roads and streets.
Basic Rules for Operation: Golf carts and operators are required to obey the following rules. Failure to comply with City or State law may result in the issuance of a citation and/or the revocation of the golf cart registration and permission to drive on City streets:

- Golf cart operators must have a valid driver's license.
- Golf cart operators must be 16 years old or older.
- The number of occupants in any golf cart operated on City streets designated for golf cart use shall be restricted to the number of seats on the golf cart. No occupants of a golf cart shall stand at any time while the golf cart is in motion.
- Golf carts may be operated on City designated roads and streets during the hours between official sunrise and official sunset; golf carts equipped with headlights, brake lights, turn signals, and a windshield may be operated at night.
- Golf carts must have a valid City of Crystal River registration decal displayed in plain view on right rear bumper.
- Golf carts must be covered with liability insurance insuring against personal injury and damage to property of any nature relative to the operation of golf carts on City designated roads and streets. Minimum required insurance will be the same as for motor vehicles registered in the State of Florida for personal use and as designated by Florida Statutes. Proof of such insurance must be possessed at all times while operating a golf cart on City designated roads and streets.
- Golf carts must be operated as close to the right hand shoulder of the road as is safely possible.
- The driver and passengers must be properly seated at all times when the golf cart is in motion. Do not exceed the number of passengers for which the golf cart is designed. Please understand and follow the manufacturer's operating instructions.
- Golf cart operators are required to follow all standard motor vehicle laws and city ordinances.
- When not in use golf carts must be properly parked in driveways, garages and designated parking spaces.
- Golf carts shall not be used on sidewalks or the Crosstown Trail nor shall they operate on or cross SR-44 or SR-55 (US-19).

Penalties: The Citrus County Sheriff's Office shall have the authority to issue citations for violations of this.
Golf Cart RESIDENTIAL Registration

CART INFORMATION
VIN/SERIAL# ___________________________________________ Cart Year ______________
(Include all letters & numbers)
Color ______________________________
Make ______________________________ Type GAS/ELECTRIC (circle one)

OWNER INFORMATION
Name ______________________________
Are you 16 years of age or older and hold a valid Driver’s License? YES NO (circle one)
Physical Address of Owner & Cart
Street Address _______________________
City ________________________________
State ______________________________
Zip _________________________________
Subdivision _________________________

Mailing Address (if different)
Address _________________________
City ______________________________
State ______________________________
Zip ________________________________

Phone #: __________________________
Alt Phone #: _______________________
Email _____________________________

FOR OFFICE USE ONLY:
Amount Paid: _______________________
Receipt #: __________________________
Authorization: ______________________
Handicap Decal: Yes _____ No _____

I have received the City’s “Golf Cart Registration Packet. I understand and will abide by the City of Crystal River laws pertaining to motorized carts as described in the packet. I acknowledge I am required to have 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 Ordinance 11-O-18. I certify that the information contained herein is correct to the best of my knowledge.

Owner Signature (required) _______ Date _______

NOTE: Immediately report stolen carts to the Citrus County Sheriff Department.

PLEASE SUBMIT A RELEASE OF LIABILITY FORM WITHIN 10 DAYS OF CHANGES IN CART OWNERSHIP!
OWNER VERIFICATION OF EQUIPMENT ON GOLF CART FORM

Golf Cart VIN/Serial Number: ___________________________ Year: __________

(Include all letters & Numbers)

Color: ___________________________ Type: Gas or Electric (Circle One)

Make ___________________________

Equipment:

_ Windshield Note: ___________________________

_ Headlights Note: ___________________________

_ Brake lights Note: ___________________________

_ Turn signals Note: ___________________________

_ Brakes Note: ___________________________

_ Reliable steering Note: ___________________________

_ Rearview mirror Note: ___________________________

_ Red Reflectors (front & rear) Note: ___________________________

_ Proof of Insurance Policy No.: ___________________________ Effective Date: __________

Issuer: ___________________________

List Optional Information/Equipment:

_________________________________________________________

_________________________________________________________

I, ___________________________, certify that my golf cart has the equipment as acknowledged above.

Owner Signature: ___________________________

Printed Name: ___________________________

Date: ___________________________

Form # CR2017-003
GOLF CART REGISTRATION ADDRESS CHANGE FORM

Owner Name: ______________________

Previous Address:

Address: _________________________ City: _________________________
State: __________ Zip: ______

Mailing Address (if different):

Address: _________________________ City: _________________________
State: __________ Zip: ______

**********

New Address:

Address: _________________________ City: _________________________
State: __________ Zip: ______

Mailing Address (if different):

Address: _________________________ City: _________________________
State: __________ Zip: ______

-owner signature

Printed Name

Date
Exhibit "A"