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Joe Maura
General Manager

GOLF CART REGISTRATION FORM

NAME: _____

UNIT #: _____

DEVICE #: _____

SPOT #: _____

MODEL: _____

SERIAL/TAG #: _____

COLOR: _____

EMERGENCY CONTACT _____

OWNER _____ RENTER _____

KEY GIVEN: _____ Yes _____ NO

DATE: _____

SIGNATURE: _____

*** FORM MUST BE FILLED OUT BY RESIDENT ***