

REUNION

Property Owner's Association

GOLF CART REGISTRATION

Property Owner's Name: _____

Property Address: _____

Emergency Contact Number: _____ Name: _____

Email Address: _____

Golf Cart Make and Model*: _____ Color: _____

Name and Age of **All** Persons Residing at the above Property Address: (not just licensed drivers)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I HAVE READ AND AGREE, ON BEHALF OF ALL THOSE PERSONS LISTED ABOVE, TO FOLLOW ALL OF THE RULES AND REGULATIONS SET FORTH IN THE RESOLUTION TO ADOPT ORDINANCE DESIGNATING APPROVED NEIGHBORHOODS FOR OPERATION OF GOLF CARTS ON PUBLIC STREETS, AND ESTABLISHING CONDITIONS AND RESTRICTIONS ADOPTED BY THE MAYOR AND BOARD OF THE CITY OF MADISON, MISSISSIPPI ON FEBRUARY 20, 2018.

Signature of Resident

Date

*If resident owns more than 1 golf cart, a registration form must be completed for each golf cart.

**Please return completed form to:
Reunion POA
105 Reunion Blvd
Madison, Mississippi 39110**

If you have any questions, please call 601.499.0400 or email office@reunionpoa.org

ASSIGNED NUMBER: _____ (To be completed by Reunion POA)