



GOLF CART USE RENEWAL FORM

District of Lakeland (306) 982-2010

Plates Expire April 30 each year. Please renew prior to April 30.
Please consult the Golf Cart Bylaw for complete rules and regulation.

Golf Cart Renewal

Plate No:

OWNER: _____

ADDRESS: _____

TELEPHONE: _____

This is your annual renewal for your Golf Cart as identified above. Please complete this form and return it along with your \$25.00 renewal fee.

Initial each statement acknowledging, and agreeing to the general information contained within that statement. If any information has changed contact the jurisdiction you are renewing with prior to signing.

- My contact information and Golf Cart registration information has not changed since my application/last renewal. *If any information has changed, please contact the municipality.*
- I continue to maintain **Third Party Liability Insurance** in the amount of at least \$200,000 to operate this Golf Cart.
- As an owner I understand I am responsible for the operation of the Golf Cart and may be held liable for violations and or damage as a result of the operation of the Golf Cart.

Declaration of Owner applicant

To the maximum extent permitted by applicable law, in no event shall the District of Lakeland No. 521 or any of its partners, its elected officials, Officers, Employees, Agents, Volunteers, Contractors, and Representatives be liable for any action arising as a result of this application and shall forever be released from any and all actions, expense, claims, or demands that I, any authorized or unauthorized persons using my Golf Cart, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to my issuance of a plate and authorization to operate a Golf Cart as permitted by bylaw.

I further understand it is my sole responsibility to comply with any and all municipal, provincial and federal law, and that I undertake to ensure anyone using my Golf Cart operates in a safe and lawful manner. I have carefully read these terms and fully understand its contents and that I undertake to sign it of my own free will. I further certify that all statements contained within this application are true and I make this application knowing and believing them to be true.

Owners Signature

Date

Your information is collected and held in accordance with privacy laws in the Province of Saskatchewan.

Internal use only:

Payment Amount

Date App Received

Permit # Issued

Designated Officer Processing Application