City of Wadley

P.O. Box 219, Wadley, Georgia 30477

Application for Low Speed Vehicle Permit (Golf Cart)

Name:					
	(Last)	(First)		(Middle)	
Home Address:					
	(Number and Street)	(City)		(State)	(Zip)
Home Phone Number	ber:		Cell Phone: _		
Date of Birth:	Drivers' License Nu				
Make and Model o	f Low Speed Vehicle: _				
Model / Year:	C	Color:	G	as or Electric	:
Applicant's Signat	ure:	Date:			
Applicant's Signat	ure:		Date:		
	Of	ficer Use	Only		
Date of Inspection:	P	'ermit Nur	mber:	Expire	es:
Officers Name (Pri	nted):		Signature	:	
Seatbelts for every	seat:Yes	No			
Validation Decals	affixed to rear and visibl	le:	Yes	No	
(Reflective) Red O	range Emblem mounted	on the re	ar of vehicle:	Yes _	No
Amber Strobe Ligh	nt visible for 500 feet fro	om front a	nd rear	Yes	No