

**LAKE ASHTON II COMMUNITY DEVELOPMENT DISTRICT (THE "DISTRICT")
Golf Cart Registration Form**

NAME(S): _____

LAKE ASHTON ADDRESS: _____

CITY/STATE/ZIP: _____

HOME TELEPHONE: _____ CELL PHONE: _____

PRIMARY EMAIL ADDRESS: _____

ACCEPTANCE:

I certify and affirm that all information presented in this application is true and correct and that any documents I have presented are genuine. I agree to assume full responsibility for the operation of my personal golf cart that may arise from the operation of my golf cart on the Lake Ashton Golf Course ("Golf Course") by both myself and others I have authorized to operate the golf cart. I agree to fully comply with any and all applicable Florida Statutes and local government regulations regarding the operation of golf carts, including Chapters 316 and 320, Florida Statutes and the City of Winter Haven's Ordinance Sec. 18-155. I further agree to fully comply with the District and Lake Ashton Community Development District's Joint Amenity Facilities Policies dated September 27, 2019, and the District's Lake Ashton Golf Course Policies, adopted February 2, 2020, as subsequently revised ("Golf Course Policies"). A current copy of the Golf Course Policies is attached, which I acknowledge receipt of. I also acknowledge the inherent danger of operating a golf cart on a Golf Course and do so at my own risk.

PRIVACY NOTICE: Under Florida's Public Records Law, Chapter 119, Florida Statutes, the information you submit on this form may become part of a public record and the District may be required to disclose the information submitted to it. If you believe that your records may qualify for an exemption under Chapter 119, Florida Statutes, please notify the District Manager.

Signature of Owner

Signature of Owner

Print Name
Date: _____

Print Name
Date: _____

PLEASE RETURN THIS FORM TO LAKE ASHTON II COMMUNITY DEVELOPMENT DISTRICT

Attn: Community Manager

Golf Cart Decal #: _____

Proof of Identification and Residence (Government Issued Photo ID)

Document Type: _____ Expiration Date: _____ Staff Initials: _____

Rental Documents (Lease Agreement Required)

Document Type: _____ Date of Rental: _____ Staff Initials: _____