



**PERSONAL TRANSPORTATION VEHICLE (PTV)
RESIDENTIAL REGISTRATION**

PTV Information

VIN/SERIAL # _____
(include all letters & numbers)

Make* _____
***Note:** O.C.G.A. §40-1-1 (43.1) mandates that PTVs weigh 1,375 pounds or less and cannot exceed 20 mph or motor vehicles weighing 1,300 pounds or less which cannot exceed 20 mph that were authorized to operate on approved roads. If your vehicle does not comply, it cannot be legally registered or used in accordance with the City of Calhoun Code of Ordinances, Chapter 90, Article VI.

OWNER INFORMATION

Name _____

Physical Address of Owner & Cart:

City _____

State _____ Zip Code _____

Phone # _____

E-mail _____

For Office Use Only:

Date Received: _____

Amount Paid: _____

Receipt #: _____

Expiration Date: _____

CITY OF CALHOUN

226 South Wall Street
Calhoun, GA 30701
Phone: 706-629-0151
www.cityofcalhoun-ga.com

PTV Year _____ Color _____

Driver's License # _____

Type **GAS / ELECTRIC** (circle one)

**PLEASE REFER TO THE CALHOUN CODE OF ORDINANCES TO
DETERMINE DRIVER ELIGIBILITY** (copy attached)

Mailing Address (if different):

Address _____

City _____

State _____ Zip Code _____

AFFIDAVIT:

I understand and will abide by City of Calhoun Ordinances and State laws pertaining to Personal Transportations Vehicles (PTV) as described in the Calhoun Code of Ordinances. I acknowledge that city ordinance requires me to have liability insurance for my PTV. I understand and acknowledge that, as the registered PTV owner, I have legal responsibility for any actions committed during the operation and use of the PTV, including those of any agents I allow or authorize to use my PTV, and understand that I can be charged for any violation of Article VI of the Calhoun Code of Ordinances. I certify that the information supplied by me contained herein is correct to the best of my knowledge. I understand the PTV registration fee is \$25 and good for 5 years, then must be renewed. Checks may be made out to: City of Calhoun.

Owner Name _____
(Printed)

Owner Signature (required) _____ Date _____

NOTE: Immediately report stolen carts to the City of Calhoun Police Department. Submit a release of liability form with **10 days** of changes in ownership (sale, transfer, relocation of owner, or destruction of PTV).