

GOLF CART RULES VIOLATION INCIDENT REPORT

Date	Appx Time of Day/Night	Location of Incident
Golf Cart CB Lot #	Golf Cart Permit #	Golf Cart Color/Make
# of Persons on Cart	# Adults on Cart	# Children Under 14 on Cart

Additional Description of Golf Cart (such as 3-wheel?, 4-wheel? Other identification?)

Type of Violation (Describe the Incident)

DO NOT SEND BELOW PORTION TO PROPERTY OWNER

CONFIDENTIAL

Witness (To be filed in CB Office--Confidential to Staff, Directors, and GC Incident Review Committee)

Signature	Date	Cedar Blue Address
-----------	------	--------------------

Office Use Only:

Date Received: _____ Posted By: _____ Incident # _____
Notice Mailed to Owner of Lot # _____ whose Golf Cart is in Violation of Golf Cart Rules: _____ (Date)