

INFORMATION NEEDED FOR MOORAGE LEASE

NAME: _____

BERTH OR STALL: _____

ACCOUNT NUMBER: _____

Home phone number: _____ Cell phone number: _____

Street address: _____ City _____ State _____ Zip _____

Name of vessel: _____

Hull I.D. number (Indicate if none): _____

State registration / Documentation number: _____

Overall length / Hull length: _____ / _____

Extreme beam: _____ / Draft: _____

Manufacturer/Model/Year: _____ / _____ / _____

Name of business (or) notate if retired: _____

Work phone number: _____

Your E Mail address: _____ (not to be shared)

Your Fax number: _____

(Contact person - We need this information in case of an emergency and you are unavailable)

Contact name : _____

Contact phone : _____

Insurance Company: _____

Agent name: _____

Policy number: _____

Policy Expiration Date: _____

Phone number: _____

Please include copies of your current insurance policy covering your vessel, and current registration/documentation.

APPLICANT ACKNOWLEDGES HIS / HER UNDERSTANDING OF LENGTH OVERALL CRITERIA.

INITIAL _____
DATE _____

