



MUNICIPAL BOATSLIP PERMIT INFORMATION

Please Update Yearly

BOAT INFORMATION

Name of Owner & Spouse: _____

Address of Owner

Street: _____

City, State, Zip: _____

Phone

Cell: _____

Home: _____

Business: _____

E-Mail Address: _____

Length of Vessel: _____ FT. Width (Beam): _____ FT.

Name of Vessel: _____

Registration No.: _____

Title No.: _____

Vessel Year & Make: _____

Type of Vessel: Sail
(Check One) Power
 Other: _____

TRAILER INFORMATION

Trailer Make: _____

Trailer License No.: _____

OFFICE USE ONLY

Trailer Sticker #: _____