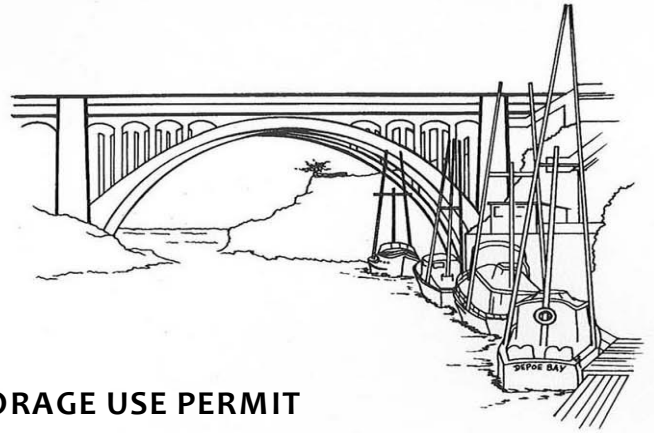


CITY of DEPOE BAY

Post Office Box 8 + Depoe Bay, Oregon 97341
Phone (541) 765-2361 + Fax (541) 765-2129
TDD# 1-800-735-2900



APPLICATION FOR ANNUAL MOORAGE USE PERMIT

INSURANCE COVERAGE REQUIRED IF NOT ALREADY SUBMITTED PLEASE ATTACH A COPY TO THIS FORM

XXX ANNUAL
Dates _____

BOAT NAME _____

APPLICANT NAME _____

MAILING ADDRESS _____

PHONE (Home) _____ (Work or Cell #) _____

EMAIL _____

Emergency Contact:

Name _____ Phone _____

Insurance Co. _____ Expiration Date _____

Vessel Data License or
Documentation Numbers _____

Overall Length _____ Beam _____ Draft _____

As a Moorage Use Permit holder, I **AGREE TO ABIDE by terms set forth in City of Depoe Bay Harbor Ordinances (copy available for review upon request at Depoe Bay City Hall).**

APPLICANT SIGNATURE _____ Date _____

FOR OFFICE USE ONLY:

Employee Signature _____ Date _____

Rec# _____ Moorage\$ _____ Electric\$ _____

Moorage Dates _____ Copy to HM _____