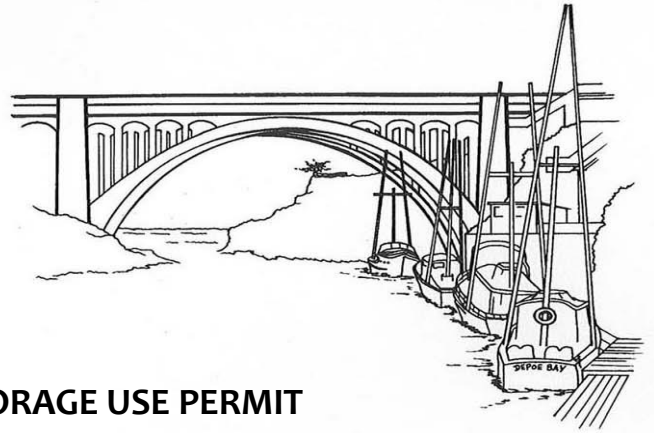


CITY of DEPOE BAY

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 7/1/16 to 6/30/17

BOAT NAME _____

APPLICANT NAME _____

MAILING ADDRESS _____

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

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 _____