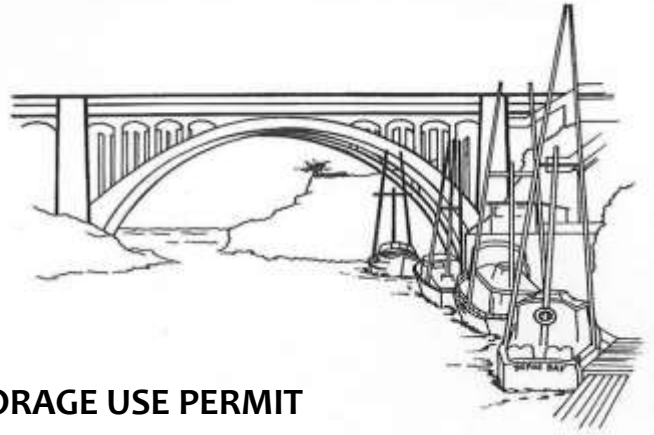


# CITY of DEPOE BAY

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 7/1/17 to 6/30/18

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 \_\_\_\_\_