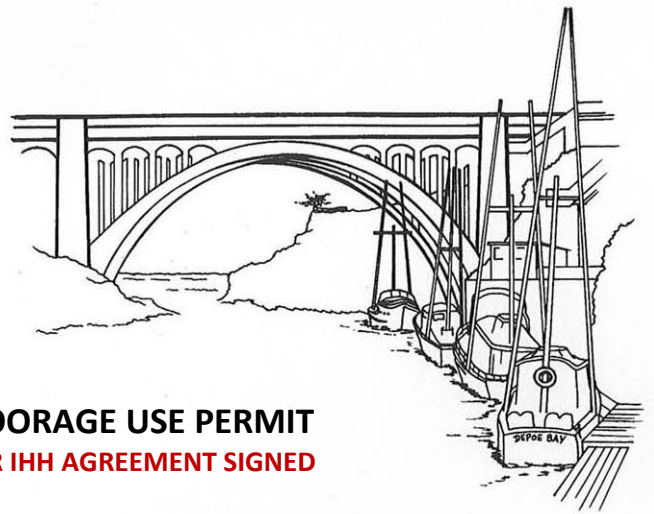


CITY of DEPOE BAY

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



APPLICATION FOR TRANSIENT MOORAGE USE PERMIT INSURANCE COVERAGE REQUIRED AND/OR IHH AGREEMENT SIGNED

XXX TRANSIENT

Dates _____

BOAT NAME _____

APPLICANT NAME _____

MAILING ADDRESS _____

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

Emergency Contact:

Name _____ Phone _____

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).

As a Transient Moorage holder, I UNDERSTAND AND AGREE my vessel may be side-tied to a dock, side-tied to another vessel or vessels, or other vessels may be side-tied to my vessel.

Indemnification and Hold Harmless Agreement valid for 3 days or less transient moorage.

APPLICANT SIGNATURE _____ **Date** _____

FOR OFFICE USE ONLY:

Employee Signature _____ Date _____

Rec# _____ Moorage \$ _____ Electric \$ _____

Moorage Dates _____ Copy to HM _____

Ins Copy _____ Expiration Date _____ IHH Agreement _____ Start Date _____