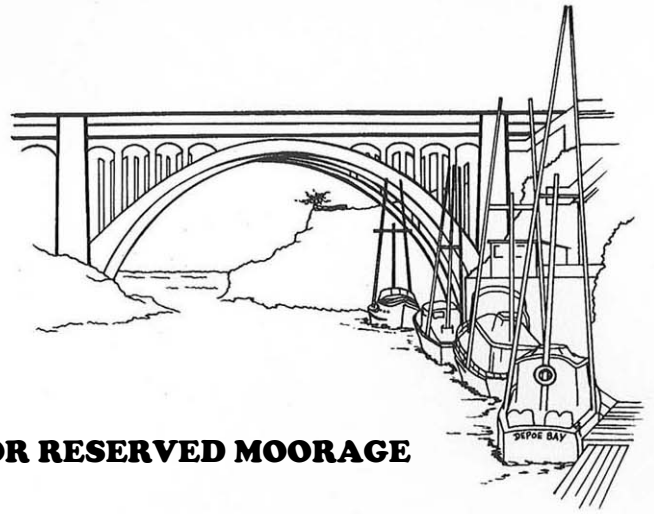


# CITY of DEPOE BAY

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



## **APPLICATION FOR WAITING LIST FOR RESERVED MOORAGE**

**Application for Annual Moorage in the Depoe Bay Harbor requires true dimensions of vessel.**

**OVERALL LENGTH** shall mean the distance from the foremost part of the bow (including the bowsprit or other protruding portion of the vessel) to the aftermost part of the stern, including any protruding portion of the vessel except outboard engines or stern drives, regardless of keel length and regardless of registered length.

**OVERALL WIDTH** shall mean the distance between the outermost parts of each side of the hull of the vessel including any protruding portion, regardless of registered width.

New categories of waiting lists are developed from this information. If the actual dimensions prove to be other than those given, the applicant's name will be removed from consideration for annual moorage.

**I would like to be on the waiting list for reserved moorage in Depoe Bay Harbor. I understand that I must apply in person to sign the annual moorage waiting list book.**

DATE \_\_\_\_\_ WAITING LIST FEE \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK OR CELL# \_\_\_\_\_

BOAT NAME \_\_\_\_\_ BOAT NUMBERS \_\_\_\_\_

ACTUAL OVERALL LENGTH \_\_\_\_\_ ACTUAL OVERALL WIDTH \_\_\_\_\_

VESSEL IS: SPORT: \_\_\_\_\_ OR COMMERCIAL: \_\_\_\_\_ CATEGORY: A or B or C

**I UNDERSTAND INSURANCE COVERAGE IS REQUIRED UPON ACCEPTING ANNUAL RESERVED MOORAGE PER ORDINANCE NO. 289.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_