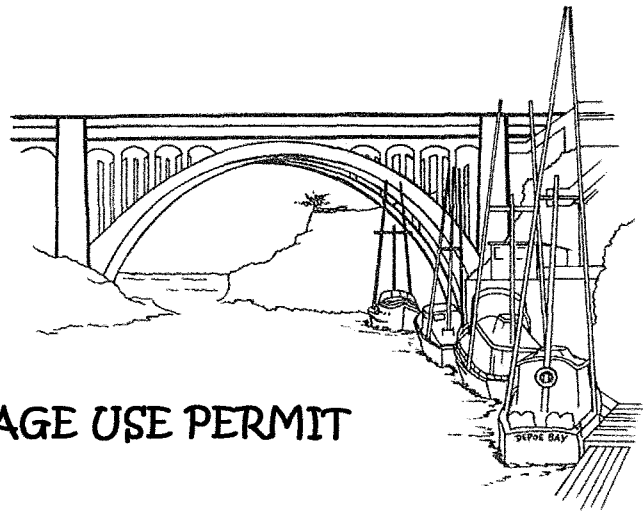


CITY of DEPOE BAY

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



APPLICATION FOR MOORAGE USE PERMIT

ANNUAL
Dates _____

TRANSIENT
Dates _____ **BOAT NAME** _____

APPLICANT NAME _____

MAILING ADDRESS _____

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

Emergency Contact:
Name _____ **Phone** _____

VESSEL DATA License or Documentation Number _____

Overall Length _____ **Beam** _____ **Draft** _____

As a Moorage Use Permit holder, I **AGREE TO ABIDE** by terms set forth in City of Depoe Bay Harbor Ordinance (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.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY:
EMPLOYEE Signature _____
Date _____

Rec# _____ **Amt Paid** _____ **Dates** _____ **H M** _____