

Boat / Trailer Application

Unit:	Owner/Applicant Name:		
Contact Info	rmation:		
Email:			
Phone:		(ce	ll / home / work?)
Vessel Descr	iption:wat		
Registration: (St	ate/Number)		
Name:			
Make/Model:			
Length:			
Color:			
North or South	dock requested?		
Date requested	by:		
Trailer Descr	ription:		
Manufacturer:			
Size:			
Plate Info: (state	e / number)		
and/or trailer. I	ed unit owner, hereby request dock sp have been given a copy of Watergat I will abide by them.		-
Signature		Date	