

CITY OF DEPOE BAY APPLICATION FOR ANNUAL BOAT LAUNCH PASS

VALID DATES _____

APPLICANT NAME _____

MAILING ADDRESS _____

PHONE (Home) _____

(Work or Cell) _____

Emergency Contact Name _____

Emergency Contact Phone _____

Trailer

License Number _____

Vessel

License or Documentation Number _____

As a Boat Launch Facility User, I **AGREE TO ABIDE** by terms set forth in City of Depoe Bay Harbor Ordinances (copies available for review at cityofdepoebay.org. or upon request at City Hall).

PLACE STICKERS ON THE FORWARD HALF OF THE STARBOARD SIDE OF THE BOAT AND RIGHT SIDE OF THE TRAILER STANCHION.

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

Employee Signature _____

Date _____

Receipt No. _____

Amount Paid _____

Pass No. _____

Dates Valid _____

Copy to HM/Office _____