

PORT OF ANACORTES

P. O. Box 297 • Anacortes, WA 98221
360-293-0694 Harbor Office
360-299-0998 FAX

**CAP SANTE BOAT HAVEN
MOORAGE AGREEMENT**

Part II of 2 parts

Name: _____ Social Security No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone(s): _____

Name of Vessel: _____ Registration/Documentation No. _____ Home Port: _____

Make: _____ Model: _____ Sail Boat Power Boat Single Screw Twin Screw

Boat Length: _____ Total Overall Length (everything included): _____ Extreme Beam: _____ Maximum Draft: _____

Type of Vessel (check one): Commercial Charter Pleasure Other _____

Vessel Description: _____

Berthage No: _____ Start Billing: _____

Monthly Moorage Rate: \$ _____ Stop Billing: _____

Leasehold Tax: \$ _____ Notice Given: _____

Base Electrical Charge: \$ _____ Depart Date: _____

Total Monthly Obligation: \$ _____ due the first of each month, payable to the **PORT OF ANACORTES**, P. O. Box 297, Anacortes, Washington 98221. NOTE: All sums above are subject to change from time to time as set forth in Part I of this Agreement.

INITIAL NO VESSEL SHALL BE SUBSTITUTED FOR THAT REFERENCED ABOVE WITHOUT THE PRIR APPROVAL OF THE PORT.

INITIAL HOUSEKEEPING ("LIVEBOARDS") ABOARD VESSELS MOORED IN THE BOAT HAVEN IS PROHIBITED.

INITIAL PERMITTEE SHALL NOT ASSIGN, TRANSFER, OR SUBLET THIS AGREEMENT AND/OR ASSIGNED BERTHAGE.

INITIAL PERMITTEE SHALL SUPPLY THE PORT WITH A COPY OF CURRENT VESSEL REGISTRATION AND PROOF OF INSURANCE.

INITIAL PERMITTEE UNDERSTANDS THAT 30 DAYS WRITTEN NOTICE IS REQUIRED PRIOR TO SCHEDULED TERMINATION DATE.

INITIAL PERMITTEE SHALL NOTIFY THE PORT OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.

INITIAL PERMITTEE ACKNOWLEDGES HAVING READ AND UNDERSTOOD AND AGREES TO THE CONTENTS OF THIS AGREEMENT AND HAVING RECEIVED A COPY OF, AND BEING FAMILIAR WITH THE MOORAGE REGULATIONS (PART I).

Received copy of Current Registration Received Proof of Insurance

DATE: _____

PERMITTEE:

FOR THE PORT OF ANACORTES:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Account No: _____

Receipt No: _____

ORIGINAL—Port Copy **COPY**—Customer Copy