

City of Port Aransas Municipal Harbor

SLIP RENTAL WAITING LIST

APPLICATION FOR SLIP RENTAL

TYPE OF SLIP

Floating Dock

Pilings Dock

Date _____, 20_____

Applicant _____

Address _____

Home Phone _____ Business Phone _____

Overall Length (Tip to Tip) _____ Draft _____ Beam _____

Boat Type _____

Boat Name _____

\$100.00 Non Refundable Deposit Required

Signature of Applicant _____