

CLEARWATER SHELTER COVE BOAT STORAGE APPLICATION

Homeowner:

Name: _____

Address: _____

Email Address: _____

Home Telephone Number (____)_____ Mobile Number (____) _____

Business Telephone No: (____) _____

Watercraft/Trailer Information:

Make/Type: _____ Year: _____

Length Overall: _____. Serial #: _____ Motor Serial #: _____

Registration Number (SCDNR or other): _____ Expiration _____

Please attach copy of current registration

Trailer Make/Type: _____

Approximate length of trailer overall: _____

Assigned Space Number _____ Joined Waiting List on (date) _____

I have read and agree to abide by the Clearwater/Shelter Cove Boat Storage Area Rules and have attached by current registration to this application.

Signature

Date