

BOAT SLIP APPLICATION



WHITEHOUSE COVE MARINA

105 Rens Road
Poquoson, Virginia 23662
Phone: 757-508-2602
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Attn: Craig Brown

Email: craigbrown@robertbrownassociates.com

OWNER INFORMATION

Owner Name: _____ Boat Slip #: _____

Commencement Date: _____

Mailing Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Mobile # _____

Email _____

Employer _____ Phone _____

Emergency Contact _____ Phone _____

BOAT INFORMATION

Boat Name _____

Boat Make _____ Registration # _____

Boat Type _____ Year _____ Length O/A _____

Beam _____ Draft _____

Fuel Type _____ Tank Capacity _____

Motor Make and Model _____ Year _____

Lien Holder _____

Lien Holder Address _____

City _____ State _____ Zip _____

Insurance Company _____ (Landlord must be provided proof of insurance-see attached)

Insurance Policy # _____ Expiration Date _____

SLIP RENTAL FEES

Security Deposit \$ _____ (Equal to one Monthly Fee) **TO BE PAID UPON SIGNING**

Monthly Fee \$ _____ **FIRST MONTH TO BE PAID UPON SIGNING**

Signature of Applicant _____ Date _____

Tenant/Captain

Live Aboard Yes No If yes, how many: _____