

FOR OFFICE PURPOSES ONLY

PERMIT NO. ISSUED:

INSURANCE EXPIRATION:

OWNERSHIP EXPIRATION:

FEE PAID/RECEIPT NO./DATE:

**CITY OF HUDSON
SAILBOAT MOORING PERMIT APPLICATION
2017**

DATE: _____ DATE RECEIVED: _____

NAME - DESIGNATED MANAGING OWNER (for mailing purposes): _____
EMAIL: _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

COUNTY YOU RESIDE IN _____ SCHOOL DISTRICT YOU RESIDE IN _____

CO-OWNER NAME (if applicable): _____
EMAIL: _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

COUNTY YOU RESIDE IN _____ SCHOOL DISTRICT YOU RESIDE IN _____

SAILBOAT INFORMATION: _____ Dinghy Y or N

YEAR MAKE MODEL YEAR/MAKE/MODEL

LENGTH COLOR NAME

STATE OF REGISTRATION REGISTRATION NUMBER EXPIRATION DATE

INSURANCE INFORMATION:

COMPANY NAME CITY/STATE POLICY NUMBER EXPIRATION DATE

If a renewal application, do you want to be considered for a different position? Yes No

I (We) have read Section 181-14 of Chapter 181 of the City of Hudson Municipal Code AND Mooring Policy and understand the procedures that apply to the sailboat mooring area. Owner Co-owner(s)

I (We) have read and signed the Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement that applies to the sailboat mooring and dinghy storage area. Owner Co-owner(s)

MANAGING OWNER SIGNATURE

CO-OWNER SIGNATURE

ALL APPLICATIONS TURNED IN OR POSTMARKED LATER THAN March 1, 2017 WILL NOT BE ACCEPTED.

CITY OF HUDSON - PARKS & RECREATION DEPARTMENT
505 THIRD STREET
HUDSON WI 54016-1694
(715)386-4774 EXT. 110
(715)386-3385 FAX