

## PORT OF JUNEAU

Account:	Stall:
----------	--------

## PREFERENTIAL MOORAGE AGREEMENT

	July 1 throug	gh June 30		
OWNER(S):				
Mailing Address:	City:		State:	ZIP:
Driver License No.: State of	Issue:	DOB:		
Residence Address:	City:		State:	ZIP:
Phone: {Home}{{}^{\!	Work}		{Cell}	
E-mail			{Cell}	
Emergency contact/caretaker name & phone:				
BOAT NAME:				
ADF&G #: Doc. #:				
{Silhouette} Length: Beam	: <u>l</u> s	s your vessel use	d as a residence?	Y N
Marine Sanitation Device (MSD) on Board?	N MSD Type:	ı I II III <mark>H</mark> a	rbor Inspection Da	ite:
I hereby request reserved mooring privileges wapproved, I agree to abide by CBJ Code Title 85, and the City Clerk's Office). I understand and agree that this recof a change of vessels, a new agreement must be execular agree to provide the Harbor Office with PROO proof of marine insurance I will be billed \$0.28 per for I understand that reserved moorage fees for Jumonthly reserved moorage fees IN ADVANCE, which are business day of the month will automatically revert to the month, all my rights to the assigned space shall applicable waiting list.  I agree to pay applicable fees for moorage and order as the Harbor staff determines to be necessary in a unpaid fees shall become a lien against the described verincurred in the collection of such fees.  I agree that this application is a request for the rules of the CBJ has been or shall be interpreted by mean property, including the vessel described above. I hereby CBJ determines that: moorage fees are not paid, ordinate harmless against loss or damage to my vessel, including resulting from use of the CBJ facilities or the above men I hereby certify that I have a qualifying interest contracted to sell said vessel.  Signed:	e rules and regulations quest, if approved, shall uted.  OF OF CURRENT MAP of per month as a mouly 1 to June 30 are dure due no later than the to the DAILY FEES cheminate, CBJ may in an emergency to protein an emergency to	gh of Juneau ("CBJ") established pursuan apply to the describ RINE INSURANCE. I orage surcharge for e on or before July 1 first business day of arged. If I fail to parampound my vessel och I, or my agent describe the Harbor facility y such fees plus what space only. Nothing J any obligation or reauthorize the CBJ to eviolated, or there is nes, articles, or other old ded vessel as defined	Municipal Harbors for to Title 85 (copies are ed vessel only and is red vessel salvage and of the current year. It is the month. Failure to the prescribed fees and may assign the secribed above, order. If or my vessel from dam at ever costs, interest, a contained in this application and emergency. I further personal property attack.	e available at the Harbor Office/ not transferable. In the event uld I fail to provide valid disposal fees. also understand that I may pay pay IN ADVANCE by the first by the last business day of space to others on the I agree to pay other fees without hage. I hereby agree that and attorney's fees may be cation or in the ordinances and re and protection of any private cribed vessel in the event the her agree to hold the CBJ ached or related to said vessel, ules and that I have not sold or
Signed: (Authorized boat owner/agent)			Date:	{2023}
Signed:			Date:	{2024}
Signed:(Authorized boat owner/agent)				
Signed: (Authorized boat owner/agent)				
(Authorized boat owner/agent)			DUE 60145: 575	AND ACCUPATE

I CERTIFY BY MY SIGNATURE THAT THE INFORMATION I PROVIDE IS TRUE, COMPLETE, AND ACCURATE

MAY SIGN ONCE PER YEAR IF NOTHING HAS CHANGED.