

# ONOVILLE MARINA PARK 2017 DOCK APPLICATION

2017 SLIP NUMBER PREFERRED \_\_\_\_\_

2016 SLIP NUMBER \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Name

**2017 Season:**

\_\_\_\_\_  
and

**Friday, May 5th to Monday, Sept. 18th**

\_\_\_\_\_  
Address

I request slip size (circle one or more) See Attached Rate Sheet...

Docks: **A - B - C - D - E - F - G - H - I**

Passes: **W.A.P.** \_\_\_\_\_ or **Park & Launch** \_\_\_\_\_

## BOAT INFORMATION

**MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**BOAT REGISTRATION: #** \_\_\_\_\_ **HULL IDENTIFICATION: #** \_\_\_\_\_

**BOAT LENGTH** \_\_\_\_\_ **FEET** \_\_\_\_\_ **INCHES** \_\_\_\_\_ **BEAM (Width)** \_\_\_\_\_

**Outboard** \_\_\_\_\_ **Inboard** \_\_\_\_\_ **DESIGN: V-HULL** \_\_\_\_\_ **TRI-HULL** \_\_\_\_\_ **SAIL** \_\_\_\_\_ **PONTOON** \_\_\_\_\_

**PRIMARY COLOR:** \_\_\_\_\_ **NAME ON THE BOAT:** \_\_\_\_\_

Please provide me with \_\_\_\_\_ additional vehicle access passes at \$25.00 each.

## INSURANCE

*Local Law 13-2000 requires insurance on your vessel for all vessels berthed or parked at the facility.*

Patron's Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent's Phone Number: \_\_\_\_\_

The Onoville Marina Park will open the first weekend of May and close the third Monday of September. These dates are subject to change based on water level. Onoville Marina Park reserves the right to close the marina before the third Monday of September or extend its opening day depending on water level. By signing this application, however, the undersigned acknowledges his/her understanding and agreement that water level is not controlled by the Marina and that there shall be no reduction in the dock/mooring/site rental fee paid for use of the Marina and its facilities in the event that the rental period is shortened because of water levels or other causes beyond the Marina's control.

"I certify that I have read and agree to the contract terms and conditions on the reverse side of this application, and agree to abide by all rules, regulations, an ordinances of the County, State, and Federal Government, and that the abo information is correct and true to the best of my knowledge."

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THIS APPLICATION/CONTRACT AND \$200.00 FOR NON-ELECTRIC SLIP DEPOSIT or \$400.00 FOR SHOREPOWER SLIP DEPOSIT**

**MAKE CHECKS PAYABLE TO: CATTARAUGUS COUNTY, ONOVILLE MARINA, P.O. BOX B, STEAMBURG NY 14783**