

Sticker #

CITY OF SYLVAN LAKE RACK STORAGE APPLICATION

Name of Resident _____

Street Address _____

Phone #-Home _____ Cell _____ Work _____

E-Mail address _____

WATER CRAFT MUST BE OWNED BY LICENSE HOLDER

TYPE OF WATER CRAFT _____

DESCRIPTION: MAKE _____ **COLORS** _____

MI. REGISTRATION # (if applicable) _____

Note: It is the responsibility of the applicant to advise the City of Sylvan Lake immediately of *any changes in the above information* or withdrawal of water craft. By placing my signature on this application, I acknowledge that I have read Ordinance No. 78 (as amended) and the Policy Resolution regarding boat docking/mooring facilities and agree to fully comply with all their provisions. Additionally, I acknowledge by my signature that the City assumes no responsibility for damage done to docks, moorings, watercraft, their contents or accessories thereon due to fire, theft, accident or vandalism.

I agree to hold the City of Sylvan Lake harmless and further acknowledge that I am not receiving any compensation for the use of my space.

Applicant Signature: _____ **Date** _____

Note: All watercraft must be registered to applicant or applicant's immediate family & reside at the applicant's address shown above.