CITY OF SYLVAN LAKE
BOAT DOCK WAITLIST APPLICATION

_____ _____

Name (Please Print) Address

E-Mail address_____

Phone # Home:_____Cell:_____Work:_____

NOTE: It is the responsibility of the applicant to advise the City immediately of any changes in the above information. Also, please be informed that the name given on this application overrides the address. Specifically, if the applicant moves within the City, the address on the application can be changed to the new address. If the applicant moves outside of the City, the application is null and void unless that persons spouse/roommate still resides within the City. In that case the application can be consigned to the spouse/roommate. If more than one name is given on the application, the application stays with the given address unless all parties move outside of the City.

_____

Signature of applicant

_____ _____

Date City Hall

PLEASE RETAIN A COPY OF THIS FORM AS PROOF OF APPLICATION

ADDRESS CHANGE:_____

Address

_____

City, State, Zip

Date of Change:_____