



7881 Sandholdt Road
Moss Landing, CA 95039
831-633-2461

ASSIGNED SLIP WAITING LIST APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____

Drivers License No: _____

Boat Name: _____

Boat Number: _____

Overall Length: _____ Draft: _____ Beam: _____

Power, Sail, Katamaran, Trimaran: _____

Commercial or Pleasure: _____

Do you have an approved Marine Sanitation System? YES ___ NO ___

Holding Tank? YES ___ NO ___

I have read and understand the rules governing the Moss Landing Harbor's Waiting List and I agree to keep the Harbor informed of any changes in my address and telephone numbers. I will be dropped from the list if I do not pay my annual Waiting List fee (\$75.00).

Signed: _____

Date: _____

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Office Use Only

Date Application Received: _____

Berth Size: _____ Received By: _____

Date Offered: _____ By Whom: _____ Reply: _____