

LA CROSSE MUNICIPAL HARBOR

1502 Marco Drive 400 La Crosse Street (Mailing) La Crosse, Wisconsin 54601 www.cityoflacrosse.org/parks

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2021 Season-Transient Multiple-Slip Facility Agreement

Vessel Owner(s): _____

Email Address: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Vessel Make: _____

Vessel Width & Length: _____

Insurance Carrier: _____

DNR Registration #: _____

Insurance Policy #: _____

Ins Policy Expiration: _____

Vessel Is Owned By (Circle): Individual Partnership Corporation

Slip Number: _____

Dock (Circle): A B C D

Agreement Start

Date: May 1, 2021

Agreement End Date: October 31, 2021

See Schedule For Slip Fee Structure

5% Discount For Payment In Full By November 1, 2020

Includes Electricity & Water As Stated In TERMS AND CONDITIONS/RULES

Agreement Amount Due Inc Sales Tax _____

\$250.00 Non-Refundable Deposit Due _____

Nov 1, 2020 or Payment In Full For _____

Discount _____

Full Balance Due On Or Before April 15, _____

2021 _____

I agree to be bound by the foregoing Transient Multiple-Slip Agreement. I also acknowledge receipt and agree to be bound by the Fee Schedule, Terms and Conditions/Rules, and Environmental Policies in effect on the date hereof. I have acknowledged insurance on my vessel is current, agree to keep it in force for the duration of this agreement, and have included a copy with this agreement.

Vessel Owner: _____ Date: _____

Office Use Only			
Date Received Deposit:		Initial:	
Date Received Balance:		Initial:	