



120 Clinton Street

400 La Crosse Street (Mailing)

La Crosse, Wisconsin 54601

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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: \_\_\_\_\_

DNR

Insurance Carrier: \_\_\_\_\_

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: \_\_\_\_\_

<b>Office Use Only</b>			
Date Received Deposit:		Initial:	
Date Received Balance:		Initial:	