

**Devils Lake Water Improvement District**  
4006 NE West Devils Lake Road, Lincoln City, OR 97367  
Email: lake.manager@dlwid.org



## **Boat Slip Rental Application**

### **BOAT OWNER INFORMATION**

**Name:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Other Authorized Users:** \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contact:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **VESSEL INFORMATION**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Length of Boat:** \_\_\_\_\_ **ft.**

**Registration State:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

(copy required)

### **PROOF OF INSURANCE**

**Provider:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

(copy required)

### **TERM OF RENTAL**

**Begin Date:** \_\_\_\_\_

Daily

Weekly

Monthly

Annual