

**CITY OF DES MOINES MARINA**

22307 DOCK AVENUE SOUTH  
DES MOINES, WA 98198  
(206) 824-5700 FAX: (206) 878-5940

**REQUEST TO MOVE APPLICATION FORM**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Present Slip No: \_\_\_\_\_ Desired Slip: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other specific requests such as port or starboard tie, bow facing east, west, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUEST TO MOVE PROCEDURES**

1. **A NON-REFUNDABLE, ONE-TIME, REGISTRATION FEE OF \$40.00** will be charged (see Marina Rules & Regulations). This fee will be reviewed on a yearly basis. This fee is an administrative fee. The registration fee does not apply to moorage and it is non-refundable.
2. Request to move assignments will be made based upon, first, the **request to move date** and, second, the **applicant's moorage contract date**. Moves made to accommodate a physical disability or to improve navigation within Marina waterways may be given priority. These moves will be reviewed and approved by staff.
3. If any applicant on the request to move wait list fails to accept the new berth assignment or cannot be contacted within **seventy-two hours** of the date the new slip assignment is offered, the listing will be cancelled.
4. It shall be the responsibility of the applicant to make arrangements to move the vessel to the newly assigned slip on the date it is available.
5. It shall be the responsibility of the applicant to provide an alternate contact party in the event applicant cannot be reached.

Applicant acknowledges having read, understands and agrees to comply with the above noted procedures.

\_\_\_\_\_  
Signature

**For Marina Use Only:** Date Received: \_\_\_\_\_ Seniority Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Date Called: \_\_\_\_\_ Time: \_\_\_\_\_ Response: \_\_\_\_\_