

CITY OF DES MOINES MARINA
22307 Dock Ave. So. Des Moines, Washington 98198
206-824-5700 | marinainfo@desmoineswa.gov
www.desmoinesmarina.com

**APPLICATION FOR
DES MOINES MARINA WAITING LIST**

Date: _____ Customer Account No. _____

The undersigned (hereinafter "applicant(s)") applies for entry to the Des Moines Marina Waiting List, subject to the following terms and conditions:

1. Application is made for one of the following waiting lists:
Circle one from available sizes of 20, 24, 28, 30*, 32, 36, 40, 50: _____ open or covered.
Circle one from 45/50, 48/54, or 56/62 open only, or Dry shed (20' & under).
**no open slips available in this size. Covered only.*
2. A \$30.00 non-refundable fee is made, receipt of which is hereby acknowledged by the City of Des Moines. A \$25.00 annual fee will be charged on the anniversary date of the waiting list application for applicant to remain on moorage waiting list.
3. Rights acquired by being placed on any waiting list are personal to the applicant(s) and may not be assigned. No changes of applicant(s) will be recognized after this application is executed, including, but not limited to, addition of names. If applicant becomes married subsequent to the date of application, a spouse may be added with signed permission of the Harbormaster, and the applicant will be required to produce a marriage certificate.
4. This application shall be specifically subject to all Rules for the Des Moines Marina. Applicant shall be given copies of such rules, which relate to the waiting list and obtaining moorage at the time the application is signed.
5. Applicant or person with valid power of attorney must appear in person at the Marina office to accept this moorage within 10 days of offer.

NOTE: UNDER DES MOINES MARINA RULES, A NOTICE OF MOORAGE AVAILABLE TERMINATES 10 DAYS FROM DATE OF NOTIFICATION, AT WHICH TIME YOUR NAME WILL BE WITHDRAWN FROM THE WAITING LIST. KEEP THE MARINA ADVISED OF YOUR CURRENT ADDRESS AND PHONE NUMBER. YOU ARE FURTHER ADVISED TO READ ALL MARINA RULES IMMEDIATELY.

APPLICANT (PRINT) BY _____
City of Des Moines

APPLICANT (PRINT)

ADDRESS

CITY STATE ZIP

SIGNATURE(S) PHONE

E-MAIL ADDRESS