



**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:

(CIRCLE ONE)

1. Application is made for which slip size and type?: _____ Open | Covered | End Tie
 - Available COVERED slip sizes: 20, 24, 28, 30, 32
 - Available OPEN slip sizes: 20, 24, 28, 30, 32, 36, 36*, 38*, 40, 40*, 44*, 46*, 48*, 50*, 52*
 - Available ENDTIE sizes: 50, 54, 62, 82, 98

Note: () These slip sizes are on the newly build L, M, & N docks. There is no overhang allowance and the monthly rate is higher. Please contact the Marina office for any questions related to these slips*
2. A \$50.00 non-refundable fee is made, receipt of which is hereby acknowledged by the City of Des Moines. A \$30.00 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 is subject to all Rules of the Des Moines Marina. By signing below, the applicant acknowledges responsibility for reviewing and complying with all Marina Rules related to the waiting list. Marina Rules are available online at www.desmoinesmarina.com, and printed copies may be requested from the Marina office.
5. Applicant 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RULES, A NOTICE OF MOORAGE AVAILABLE TERMINATES 10 DAYS FROM DATE OF NOTIFICATION, AT WHICH TIME YOUR NAME WILL BE WITHDRAWN FROM THE WAITING LIST.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 #1 _____

By _____

Applicant #2 _____

(City of Des Moines)

Address _____

City _____ State _____ Zip _____

Phone _____ Phone _____

E-Mail _____

Signature _____

FORM DMM WL (REV. 1/14)

