

SLIP PERMIT APPLICATION

Port of Salem

FORM MUST BE FILLED OUT COMPLETELY

(Please Print)

NO CASH ACCEPTED

CHECK /VISA /MC

Renewal _____ New _____

Name _____ Social Security/ License# _____ DOB _____

Home Address _____ City/Town _____ State _____ Zip _____

Mailing Address _____ City/Town _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Other _____

Boat Name _____ Reg./Doc# _____ Boat Value \$ _____

Year of Boat _____ Manufacturer _____ Description _____ Length _____

Color _____ Power _____ Sail _____

Wood _____ Fiberglass _____ Other _____

Primary Use: Pleasure _____ Commercial _____

Marina: _____ Slip # _____

Signed _____ Date _____

OFFICE USE ONLY

Date Payment Received _____ Amount\$ _____ Check # _____

Received By: _____

Sticker Issued # _____