

MAIL TO: CBPOA, Inc.
P.O. Box 666
East Hampton, New York 11937

CLEARWATER BEACH PROPERTY OWNERS ASSOCIATION, INC.
MEMBER APPLICATION FOR BOAT SLIP – 2012 SEASON

BOAT INFORMATION

SLIP ASSIGNED – 2011 _____ SLIP REQUESTED – 2012 _____

HULL LENGTH: _____ ft. BEAM: _____ ft. DRAFT: _____ ft. HEIGHT: _____ ft.

ADDITIONAL LENGTH DUE TO PULPIT, ANCHOR, OUTDRIVES AND/OR SWIM PLATFORM: _____ ft.

BOAT MANUFACTURER: _____ STATE REGISTRATION #: _____

PROPULSION: SAIL OUTBOARD MOTOR INBOARD INBOARD/OUTBOARD

FUEL: GASOLINE DIESEL FUEL CAPACITY: _____ gallons

HEAD FACILITIES: NO HEAD PORT-O-POTTY CHEMICAL CHEMICAL/
HOLDING ELECTRO

LIABILITY INSURANCE: _____ COMMERCIAL CARRIER: _____

APPLICANT INFORMATION

NAME: _____ EAST HAMPTON PHONE #: _____

EAST HAMPTON ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CLEARWATER LOT: _____

I THE APPLICANT, WILL ABIDE BY THE 2012 REGULATIONS GOVERNING THE MARINA AND THE DECISIONS OF THE DOCK MASTER. FURTHER, I WAIVE ALL CLAIMS AGAINST THE CPBOA, IT'S MEMBERS, OFFICERS, DIRECTORS AND REPRESENTATIVES FOR ANY AND ALL DAMAGES OF LOSSES OCCURRING TO A BOAT OR PERSON OR PROPERTY OF OTHERS WHILE IN OR ABOUT A SLIP OR ON THE PROPERTY OF THE CBPOA OR IN THE OPERATION OF DOCKING, MOORING OR TYING OF A BOAT.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

DATE MAINTENANCE FEE PAID: _____ PRIORITY NUMBER: _____

SLIP FEE PAID YES NO DATE SLIP FEE PAID: _____

**NO APPLICATION WILL BE ACCEPTED WITHOUT A COPY OF
BOAT REGISTRATION, CERTIFICATE OF INSURANCE AND PAID FEES**