



**CITY OF ALEXANDRIA MARINA
DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES
1108 Jefferson Street, Alexandria, VA 22314
city.marina@alexandriava.gov**

APPLICATION FOR BOAT SLIP WAIT LIST

All Questions Must Be Completed

Date _____

Owner(s) Name _____

Boat Name _____

Resident Address _____ City _____ State _____ Zip _____

City of Alexandria Residency Documentation (Real Estate Assessment or Voters Registration Card. If submitting a Voters Registration Card the applicant must submit an original current month electrical or gas bill for the resident address), boat registration/documentation, and boat insurance binder must be submitted with this form. City residents will be given first priority. Failure to maintain City residency may result in the City electing not to renew a license agreement.

Home Phone () _____ Bus. Phone () _____

E-mail _____ Cell Phone () _____

USCG # or Registration # _____ Expiration Date _____

Boat Make _____ Boat Model _____ Boat Model Year _____

Boat Length _____ Beam _____ Draft _____ Weight _____

(Do not include bow or stern pulpit, bowsprits, swim platform, dinghies or outboard motors)

*Overall Boat Length _____

(*Includes bow or stern pulpit, bowsprits, swim platform, dinghies or outboard motors)

Type of Boat: Power Sail Hull: _____ Fuel _____

Boat Insurance Information

Company Name _____ Policy# _____ Amount \$ _____

The undersigned sign that the information provided above is true and they understand that information provided here is subject to verification. The undersigned further acknowledges that they have read and understand the City of Alexandria Boat Slip Wait List Policy and marina Rules and Regulations. It is the responsibility of the undersigned to ensure that the City of Alexandria administrative marina office is always provided with a current address and telephone number. Changes in telephone number or address must be provided in writing to the address listed above.

Signature _____ Date _____

(FOR OFFICE USE ONLY)

Date Application Received _____ Received By _____

Residency Document Received _____