

The Moorings Condominium Association
310 Oselka Drive, Suite 256
New Buffalo, MI 49117

themoorings@themooringsassociation.com
www.mooringsassociation.com
Phone 269-469-5790 Fax 269-469-4180

DATE: _____ SLIP # _____

_____ I, the owner of the above mentioned slip, will be occupying my slip during the 20 _____ season.
(Please complete sections **A, C, D & Sign**).

_____ I, the owner of the above mentioned slip, give The Moorings Association manager permission to place a Seasonal Renter in my slip during the 20 _____ season. The manager will execute all required paper work, and collect all fees. (Please complete Section **A & Sign**) _____ I agree to the 10% discount for first time renters.

_____ I, the owner of the above mentioned slip, have a seasonal renter for the 20 _____ season. (Owner to provide renter) (Please complete sections **A, B, C, D & Sign**).

SECTION A: (Owners Updated Information)

Name _____ Name _____

Mailing Address _____

Phone HM _____ Phone HM _____

Phone WK _____ Phone WK _____

Cell _____ Cell _____

Fax _____ Fax _____

Email _____ Email _____

SECTION B: (Seasonal Renter Information)

Name _____

Mailing Address _____

Phone HM _____ Cell _____

Phone WK _____ Fax _____

Email _____

SECTION C: (Boat Information)

Boat Name _____ Make/Model _____

SECTION D: (Insurance Information)

Insurance Carrier _____

Agents Name _____ Phone # _____

This form and a lease copy (if applicable) must be completed and filed with The Moorings office before slip occupancy will be permitted! Your cooperation is greatly appreciated.

Owner's Signature _____