

# SEMIAHMOO

Semiahmoo Marina Condominium Association  
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Slip # \_\_\_\_\_

Date \_\_\_\_\_

## Owner/Tenant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please note your preferred method of contact: home phone/email/etc. Statements are by email.

## Emergency Contact Information

Emergency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Vessel Information

Do you own a boat? Y / N

Do you plan on putting a boat in your slip in the future? Y / N

If so, what dates? \_\_\_\_\_

Boat Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Hull Color: \_\_\_\_\_ Sail Boat or Power Boat \_\_\_\_\_ Diesel or Gasoline \_\_\_\_\_

Length O/A: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_

Registration #: \_\_\_\_\_

Dinghy? Y / N If Yes . . . Make: \_\_\_\_\_ Model: \_\_\_\_\_ Registration #: \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please provide a copy of your insurance binder reflecting current dates of coverage.

## Vehicle Information

Car #1 - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Car #2 - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Thank you for filling out the above information.

We care about your privacy and security. All personal information provided will be used only by the Semiahmoo Harbormaster's Office/Condo Association to serve you better.