Office Use
*Date Rec'd*_____
*Cash/Check #*_____
*Amount $*_____

APPLICATION FOR BOAT SLIP RENTAL
ORLEANS COUNTY MARINE PARK

Please print

Name: _____

Address: _____

City/State/Zip: _____ **County:** _____

Home Phone: _____ **Bus Phone:** _____

E-Mail Address: _____

		24' slip	28' slip
Transient Rates	**Daily (6 days or less)**	**$ 21.00**	**$ 21.00**
	Weekly	**$ 116.00**	**$ 137.00**
Seasonal Rates	**Monthly**	**$ 263.00**	**$ 289.00**
	Season	**$ 945.00**	**$1,050.00**

Please circle: **TRANSIENT RATE** *or* **SEASONAL RATE***

***Seasonal renters shall complete Lease Agreement and provide proof of Fire, Theft and Liability Insurance.**

Dates for Transient renters / Arrival: **Depart:** **Total Nights:**

Dates for Season renters / All season: **or Months of:**

Dockmaster assigned slip #: **Total Rental Fee:** $

****

BOAT INFORMATION

Boat Name: _____ **Make/Model:** _____ **Year:** _____

Propulsion, please circle: **Power** **Sail**

Registration # (Required): _____

Return completed form to:

Dockmaster, phone (585) 682-3641
or
James Bensley, Marine Park Manager
Orleans County Planning Department
14016 Route 31 West
Albion, NY 14411
Phone (585) 589-3198

Signature: _____ **Date:** _____

Application and Lease Agreement may be downloaded from:

www.orleanscountyny.com	or	**www.orleanscountytourism.com**
by clicking on Resident Services under Departments, then Planning		**by clicking on the Recreation and Leisure Directory**