



Emu Point Boat Pens Application Form

I hereby apply for the allocation of boat pen accommodation at the Emu Point Boat Pen Marina and acknowledge that the lodgement of this application is subject to approval and payment of bond before occupying the pen allocated to my vessel.

Surname of Vessel Owner _____ Other Names _____

Surname of Vessel Operator _____ Other Names _____

Residential Address _____

Postal Address _____

Telephone: Business _____ Private _____ Fax _____

Mobile _____ Email _____

Name of Vessel _____ Reg. No. _____ Expiry _____

Registered Length _____ Beam _____ Draft _____

Total length of vessel _____ (including the motor and bowsprit)

*Note vessels in alongside pens must have a 1m clearance at each end between boat and pen.

*Note Vessels in U shape pens, no part of the boat (inc motor) can be protruding out of pen.

Emergency Contact _____ Business _____ Private _____

Insurance Company _____ Policy No _____ Expiry _____

INSURANCE CERTIFICATE OF CURRENCY ATTACHED (TO BE OBTAINED FROM INSURER)

DECLARATION: By Signing Below: I wish to apply for Credit with the City of Albany. The information in this application is true & complete. I agree to comply with the City of Albany Terms & Conditions, including legal costs incurred due to non compliance of Terms & Conditions.

TERMS & CONDITIONS: City of Albany Payment Terms are Strictly 30 days from the invoice date. If payment terms are not met, credit facilities will cease, and Legal Action will commence immediately. You will be then liable for any legal costs incurred due to the non compliance of our terms and conditions. Accounts over 60 days will incur a 6% interest charge. Dishonoured cheques will incur a \$19.80 fee. I acknowledge by signing this pen application that I have received the following documents and will comply with the terms, conditions and policies contained within these documents throughout the initial and any extended term. Should I disagree with any of the clauses within the documents I will respond in writing to the marina manager within 7 days from the date on this application whereby I will be entitled to a refund minus the applicable daily charge and application fees.

APPLICANT'S NAME: _____

APPLICANTS SIGNATURE: _____

APPROVED BY OFFICER: _____

DATE: _____

Copies supplied to pen owner:-

**Jetties, Bridges & Boat Pens Local Law
Special Conditions (attach)**

OFFICE USE ONLY

APPLICATION APPROVED Yes / No _____ DEBTOR NO. _____
OFFICER NAME _____ APPROVAL DATE _____
PEN NO ALLOCATED _____ PEN SIZE: _____
KEY FEE PAID \$ _____ KEY(s) NUMBER: _____

Keys (max 2 per pen) will cost \$15 each.

City of Albany Contact Details
102 North Road, Albany WA 6330
PO Box 484, Albany WA 6331

Phone: (08) 9841 9333 Fax: (08) 9841 4099
Email: staff@albany.wa.gov.au Website: www.albany.wa.gov.au