

**FOR OFFICE USE ONLY**

**SLIP NO.** \_\_\_\_\_

**FEE PAID** \_\_\_\_\_

**RECEIPT NO.** \_\_\_\_\_

**VILLAGE OF WESTHAMPTON BEACH  
165 MILL ROAD  
WESTHAMPTON BEACH, NEW YORK 11978  
(631) 702-1555**

**RENEWAL APPLICATION FOR SEASONAL BOAT SLIP**

**NAME OF OWNER** \_\_\_\_\_

**NAME OF BOAT** \_\_\_\_\_ **REGISTRATION NO.** \_\_\_\_\_

**LENGTH** \_\_\_\_\_ **BEAM** \_\_\_\_\_

**WHB Village Property Address:**

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preferred Tel No.** \_\_\_\_\_ **Alternate No.** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_ I WILL / \_\_\_\_ WILL NOT REQUIRE ELECTRIC HOOKUP.

**(PLEASE SEE ATTACHED RATES FOR ELECTRICITY AND, IF REQUIRED, INCLUDE IN FEE.)**

\_\_\_\_ I AM NOT INTERESTED IN A BOAT SLIP THIS YEAR

**Please note that the above information must be complete and a copy of your current boat registration and insurance must be attached to this application. Incomplete applications will be returned.**

**IMPORTANT NOTE: By submitting this application, the boat owner agrees he / she is familiar with the Rules and Regulations and agrees to abide by same.**