



GLAMORGAN SPRING BAY COUNCIL

REQUEST FOR INCLUSION ON WAITING LIST FOR

GLAMORGAN SPRING BAY COUNCIL

MARINA BERTH, TRIABUNNA

NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT DETAILS:

HOME PHONE NO: _____

BUSINESS PHONE NO: _____

FAX: _____

MOBILE: _____

EMAIL: _____

VESSEL NAME AND/OR REGISTRATION No.: _____

BERTH REQUIREMENTS:

OVERALL LENGTH: _____ **WIDTH:** _____ **DRAFT:** _____

TYPE OF VESSEL PROPOSED: _____

(ie Commercial Fishing Vessel, Pleasure Craft, Other)

ATTACH DEPOSIT CHEQUE TO HOLD THE REQUEST : \$250.00

SIGNED BY THE APPLICANT: _____ **DATE:** / /

OFFICE USE:

APPLICANT ALLOCATION NO: _____

DATE REQUEST RECEIVED BY COUNCIL / /

RECEIVED BY: _____

DEPOSIT PAID : _____ RECEIPT NO. : _____