

HAINES BOROUGH  
PORTS & HARBORS



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P.O. Box 1209

Haines, AK 99827

## Moorage Registration

### Customer & Vessel Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

P.O. BOX # \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE #s HM \_\_\_\_\_ CELL \_\_\_\_\_ WK \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY WATCH CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

VESSEL NAME \_\_\_\_\_ REGISTRATION # \_\_\_\_\_ ADF&G # \_\_\_\_\_

LENGTH OVER ALL (LOA) \_\_\_\_\_ BEAM \_\_\_\_\_ DRAFT \_\_\_\_\_

\*LOA Includes Everything That Adds Length to the Vessel\*

VESSEL TYPE \_\_\_\_\_ BUILDER/MODEL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ EXPIRATION \_\_\_\_\_

PHONE \_\_\_\_\_ AMOUNT \_\_\_\_\_

I, as Owner/Operator, have read, understood, and agree to be bound by all terms and conditions stated in Title 16 of the Haines Borough Code. I certify that all information is correct and agree to provide the Harbor with any changes to this information. I understand that I am liable for all fees associated with use of the Haines Borough Harbor and agree to abide by the rules and regulations set forth.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

FACILITY: SBH \_\_\_\_\_ LETNIKOF \_\_\_\_\_

STALL # \_\_\_\_\_

RAMP STICKER # \_\_\_\_\_

LETNIKOF ANNUAL # \_\_\_\_\_

MOORAGE PD TILL \_\_\_\_\_

Harbor Rep: \_\_\_\_\_

STALL FEE \_\_\_\_\_

RAMP FEE \_\_\_\_\_

ELECTRICAL FEE \_\_\_\_\_

CRANE FEE \_\_\_\_\_

TOTAL \_\_\_\_\_

Date \_\_\_\_\_