2014 PAMET HARBOR SEASONAL PERMIT

OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

WAIT LIST $10 _____

CHECK #_____RECEIPT # _____ DATE:_____ HBM:_____

OWNER INFORMATION

LEGAL MAILING ADDRESS

LAST NAME_____FIRST NAME_____

STREET/P.O. BOX_____CITY_____STATE_____ZIP_____

HOME PHONE_____CELL PHONE_____LOCAL PHONE_____

LOCAL ADDRESS

STREET_____CITY_____STATE_____ZIP_____

I have read and understand the Pamet Harbor Rules and Regulations and accept assigned mooring location.

Signed _____Date_____