## Waterline Marina Slip Rental Application 911 N Harbor City Blvd Melbourne FL 32935 321-254-0452

## wlmgr@brackishmarinas.com

## **NO LIVEABOARDS**

App	licant Information:	
•	Full Name:	•Date of Birth:
•	Driver's License Number:	
•	Address:	•City:
•	State:	•Zip Code:
•	Phone Number:	
•	Email Address:	
•	Emergency Contact Name:	•Emergency Contact Phone:
Vess	sel Information:	
•	Vessel Name:	•Year:
•	Vessel Type: (e.g., Sailboat, Powerboat, Yacht, etc.)	
•	Make/Model:	Electric Power Required 30a /50a
•		•Beam (Width):
•	Draft (Depth):	•Color:
•	Registration Number:	•Insurance Provider:
•	Policy Number:	Expiration Date of Policy:
Slip	Rental Details:	
•	Start Date:	•End Date (if applicable):
•	Are you requesting a long-term or short-term lease	
•	No Liveaboards. Do you intend to stay on the boat?	
•	Explain	
•	Where is the heat new?	
•	List the last marina that the boat was located	
Vess	sel Photo Submission:	
Plea	se email a current photo of your vessel.	
•	wlmgr@brackishmarinas.com	
Appl	licant Agreement:	
-	igning below, I acknowledge that the information prov	
	of my knowledge. I understand that any false informa	
term	nination of my rental agreement. I also consent to a ba	ckground check as part of the application process.
•	Signature of Applicant:	•Date: