City of Grosse Pointe Farms Department of Parks and Recreation 350 Lakeshore Road, Grosse Pointe Farms, MI 48236 (313) 343-2405

Pier Park Harbor Mooring Application

The Pier Park Harbor currently is fully occupied and there is a waiting list for each well size and storage rack. There can be no assurance as to when mooring space or storage rack space may become available. To be placed on the waiting list, all information on this Mooring Application form must be completed and the appropriate non-refundable deposit must accompany the completed application. Boat wells and Jet Ski wells require a non-refundable deposit of One Hundred Dollars (\$100.00), and Fifty Dollars (\$50.00) for each additional waiting list application. A separate application, together with the applicable non-refundable deposit, must be made for each size of boat well. Storage rack spaces require a non-refundable deposit of Ten Dollars (\$10.00). If a resident submits multiple applications, nevertheless, each resident is limited to the use of not more than one boat well and one kayak rack space.

Please read the information below, check the applicable boxes and complete all requested information. In the event of any change prior to the assignment of a boat well and/or rack space, you must promptly notify the City of Grosse Pointe Farms Parks and Recreation Department in writing. ☐ Jet Ski Well □ 20' x 9'8" □ 23' x 9'8" ☐ Kayak Rack □ 25' x 11' □ 30' x 11'6" □ 30' x 12'6" □ 37' x 12' □ 37' x 15' □ 45' x 17' □ 30' x 12' □ 40' x 16' □ 50' x 18' □ 53' x 18' □ 55' x 18' Read then check and complete the applicable boxes. □ I am a bona fide resident of the City of Grosse Pointe Farms and the address shown below is my actual principal residence. I own and principally use the described boat below (if any), and all information given in this agreement is true and correct. ☐ I currently do not own a boat. ☐ I currently own the following described boat: _____ Make and Model Overall Length (LOA) Width/beam Draft MC Number All names and address of State of Michigan Registration Applicant's Address Applicant's Name Applicant's Home Phone Number Applicant's Other Phone Numbers; work and/or cell Date Signature For Office Use Only Date & Time Paid: Deposit Fee: \$_____ Paid by: ☐ Cash ☐ Check & check # _____ Employee's Initials:

Comments: ____