

Bayfield City Dock Passenger Vessel Report Form

BUSINESS NAME: _____

MONTH: _____
YEAR: _____

Request to Pre-File - Check Here: _____
Zero Sales from M/D/Yr. to M/D/Yr.
____/____/____ to ____/____/____

Boat Name: <i>Please Write</i>	Number of Passengers					
	Vessel #1	Vessel #2	Vessel #3	Vessel #4	Vessel #5	TOTALS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTALS						

TOTAL # OF PASSENGERS:		PRINTED NAME:	
# OF PASSENGERS X \$2.00:		SIGNATURE:	
LATE FEE (\$25.00/BOAT):		DATE:	
TOTAL DUE:			

