

CITY OF BAYFIELD
Harbor Commission
P.O. Box 1170
Bayfield, WI 54814
715-779-5712

BAYFIELD MARINA
Customer Information

SLIP #: _____

I am a: (please check one)

Renter

Storage

Other –

please specify: _____

PERSONAL INFORMATION

Name: _____

Spouse/Partner: _____

Emergency Contact: _____

Primary Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____

Office: _____

Cellular: _____

Authorization to Text: _____

Emergency: _____

E-Mail Address(es): _____

Primary Vehicle Description: _____

License # & State: _____

PAYMENT PREFERENCE Please select one option.

_____ Mail me a monthly statement _____ Email me a monthly statement & invoices

_____ Auto-process balance on Credit Card: Day of the month _____

VESSEL INFORMATION

Boat Name: _____

Year/Make/Model/Length: _____

Access Combination/Key: _____

In the Winter Boat is Stored (location): _____

Boat is Stored on Cradle/Stand/Trailer – Owned or Rented? _____

Insurance Carrier/Agent: _____

Insurance Policy Number (See note below): _____

INSURANCE REQUIREMENTS

1. Documentation the City of Bayfield Harbor Commission is listed as additionally insured on the policy
2. Property insurance covering the value of the vessel.
3. Liability insurance to \$500,000, to cover damages that may occur to other's property, including the Marina's.

Thank you!

08/08/2023