



# shelter bay community, inc.

1000 Shoshone Drive • La Conner, WA 98257 • 360-466-3805

## HARBOR COMMITTEE REQUEST FOR ACTION

Applicant Name:	Lot #:	Telephone #:	Dock & Slip #	Date:
Mailing Address:				
Dock Box    Electrical    Dock Condition    Shrink Wrapping    Cleats    Other requests (circle one)				
Details of request:				
Continued on reverse side?    Yes    No    (circle one)				
Work to be performed by:			Applicant's Signature:	

***Harbor Committee Comments:***


Approved?    Yes    No    (circle one)	Chairman's Signature:
Cost Estimate:	Harbormaster's Signature:

**The Harbor Committee meets on the 2<sup>nd</sup> Tuesday of the month @ 3:00 p.m. at the Clubhouse. Applications must be received at the Office by 12:00 Noon on the Wednesday before the week of the meeting in order to be placed on the Agenda.**

## **Guidelines for Harbor Committee Action Request Form**

The Harbor Committee would like you to be aware of the following items as you fill out this application:

1. The Committee meets on the second Tuesday of the month at 3:00 p.m. in the Clubhouse.
2. Applications for consideration must be turned into the office by 12:00 Noon on the Wednesday before the week of the meeting.
3. If this is an issue requiring immediate attention, please call the Harbormaster at (360-333-2952) in addition to filling out this form.
4. All requests to change from 30 amp to 50 amp service must be approved by this Committee and the requestor shall agree to cover the cost of changing the service. At the time of termination of the lease, the new service shall become the property of Shelter Bay Community, Inc.
5. If requesting that additional cleats be placed on the dock and/or finger pier, the desired placement of the cleats must be clearly shown on the dock using tape with an "X". The Harbormaster has the right to determine whether the cleat is actually necessary.
6. If this is a "Complaint" or an "Incident" involving damage to your boat, call the Tribal Police at 360-466-7237. You may need a case number to provide to your insurance company.

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