

Access Area Space Request Form

MEMBER INFO: Date: _____ Time: _____ Property Owner: Mailing Address: _____ Phone(s): WLIC Fees Current? Y_____ N____ Block/Lot ID: LOCATION: Kayak Rack Space Locations Desired: (1) ______(2) _____ Location of Present Rack Space: (If none, write none) Dock Space Locations Desired: (1) ______(2) _____ Location of Present Dock Space: (If none, write none) **SIGNATURE:** Signature of Property Owner _____

Printed Name of Property Owner_____