



SLIPWAY PERMIT
WK/.....

This form should be completed in black ink and in block capital letters.

APPLICANT DETAILS			
Forename(s)			
Surname			
Address			
			Post Code
Home tel No		Mobile Tel No.	
Email address			

VESSEL DETAILS			
Vessel Name			
Type of Vessel			
Length:		Width	

TOWING VEHICLE DETAILS			
Vehicle Registration			
Make		Model	

DECLARATION

*I/We declare that I/We have read the Councils Rules for Harbour Users and agree to comply with the conditions/rules as stated and with the Harbour Byelaws, where applicable.

Signed Dated:

Signed Dated:

* Where more than one owner all parties to sign.

CHECK LIST	
Please ensure the following documents are enclosed with your application	
<input type="checkbox"/> Relevant Fee	<input type="checkbox"/> Current Insurance Certificate for vessel.

When completed, this form should be forwarded to West Somerset Council, Killick Way, Williton, Taunton, Somerset, TA4 4QA.