

**CITY OF ELIZABETH, NEW JERSEY  
DEPARTMENT OF PUBLIC WORKS**

**BOAT OWNER'S APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY ZIP

HOME TELEPHONE \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_

BOAT SIZE \_\_\_\_\_  
LENGTH & BEAM

MANUFACTURER \_\_\_\_\_

TYPE \_\_\_\_\_

POWER \_\_\_\_\_ SAIL \_\_\_\_\_

STATE BOAT REGISTRATION NUMBER \_\_\_\_\_

- OR -

BOAT DOCUMENTATION NUMBER \_\_\_\_\_

NAME OF BOAT (IF ANY) \_\_\_\_\_

**\*\* APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT IN ITS ENTIRETY\*\***

\_\_\_\_\_  
SIGNATURE

**OFFICE USE ONLY**

SLIP # \_\_\_\_\_

SLIP SIZE \_\_\_\_\_