

## Pines Point Marina, A Condominium

www.pinespointmarina.org (443) 859-5544

## **Owner's Information**

In order to assure we are in compliance with our by-laws, insure current insurance is maintained, and to enable the association to contact boat and slip owners as necessary, please fill out the form below and return it to the marina office, mail it to:

Pines Point Marina, a Condominium PO Box 1547 Ocean Pines, MD 21811

You may also opt to place it in the drop box at the marina.

This form needs to be completed each	n year and updated when information changes, as necessar	/.
Slip # Entered	ne date that you completed this form:	
Slip Owner's Primary Information:	Boat Owner's Primary Information: If different than slip owner (rental)	
Name:	Name:	
Address 1:	Address 1:	
Address 2:	Address 2:	
City: State:	State:	
Phone:	Phone:	
Cell:	Cell:	
E-Mail Address:	E-Mail Address:	
I have reviewed a copy of the rules and regul	tions: I have reviewed a copy of the rules and regulations:	
Signed:	(Slip Owner) Signed:(Boat Owne	r)
Boat Information: Make:	Color: Style:	
Length:Model:_	State/Registration #	_
Please enclose a copy of your boato the address above.	t insurance declaration page or have your agent send i	t
If you have a boat rescue service	hat you prefer, please specify here.	
(ie:Towboat US / Sea Tow)		

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