



MARINE BUREAU

Long Beach Shoreline Marina
450 East Shoreline Dr. Long Beach Ca 90802
562 570-4950 Fax: 562 570-1799

Alamitos Bay Marina
205 Marina Dr. Long Beach Ca 90803
562 570-3215 Fax: 562 570-3247

Rainbow Harbor/Marina
200B Aquarium Way Long Beach Ca 90802
562 570-8636 Fax: 562 570-8640

SLIP CANCELLATION

Slip # _____

Permit # _____

I hereby request cancellation of my slip and permit effective the end of the month of _____, 20__.
I agree to pay my last month rent; my security deposit will be returned, minus any damage or loss, after my slip has been checked for damage. In addition, I agree to return my parking pass and keys within two (2) weeks of my effective cancellation date, or I will forfeit the cost of unreturned items from my deposit.

***** IMPORTANT *****

NOTICE OF CANCELLATION MUST BE RECEIVED IN WRITING BY THE FIFTH (5TH) DAY OF THE CALENDAR MONTH, IN ORDER TO BE EFFECTIVE ON THE LAST DAY OF THAT SAME MONTH. CANCELLATIONS RECEIVED AFTER THE 5TH DAY OF THE MONTH WILL NOT BE EFFECTIVE UNTIL THE END OF THE FOLLOWING MONTH.

SECURITY DEPOSIT: The slip fee deposit held by the Marine Bureau is designated as a Security Deposit. As a result, cancellation of a permit will require the payment of the last month's slip fee. The security deposit will be returned to the permittee, less any damages noted during the exit inspection of the dock box, finger, etc., and less any fees incurred for items not returned, such as parking passes and keys.

If cancellation is due to sale of the vessel, new owner information must be included on this form. I understand that I must carry insurance on the vessel while it remains in the slip.

Permittee's Signature _____ Date _____

Print Name _____

(Check Box if Address Has Changed)

Mailing Address _____

City _____ State _____ Zip _____

Reason for Cancellation _____

Vessel Sold Date of Sale _____

New Owner Name _____ New Owner Phone _____

New Owner Address _____

City _____ State _____ Zip _____