

CITY OF PASS CHRISTIAN HARBOR

TRANSIENT FORM

COMMERCIAL: _____ PLEASURE: _____ DATE: _____

VISITOR INFORMATION: SLIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE # _____

ETA DATE: _____ ; TIME: _____ ETD DATE: _____ ; TIME: _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____ PHONE #: _____

VESSELL INFORMATION:

NAME OF VESSEL: _____ DISPLAYED: _____

MAKE: _____ WOOD _____ STEEL _____ FIBER _____ ALUMINIUM _____

LENGTH: _____ WIDTH: _____ DRAFT: _____

PRIOR LOCATION OF VESSEL: _____

******WE HAVE A \$25.00 PLUS TAX MINIMUM******

REGISTRATION/DOCUMENTATION # _____

VESSEL LENGTH: _____ X \$1.00 PER FOOT PLUS 7% SALES TAX= _____

OF NIGHTS _____ X AMOUNT PER DAY= _____

AMOUNT RECEIVED: _____

CASH: _____ CHECK: _____ MONEY ORDER: _____

Patrolman

Signature: _____

Receipt number: _____