COUNTY OF LOS ANGELES DEPARTMENT OF BEACHES AND HARBORS BOATING AND MARINA MANAGEMENT SECTION COMMUNITY AND MARKETING SERVICES DIVISION FISCAL BUILDING 13575 MINDANAO WAY MARINA DEL REY, CA 90292 TEL: 424-526-7890 FAX: 310-821-1621



BOAT SLIP PERMIT AGREEMENT NOTICE OF INTENT TO VACATE

Agreement Number: _____ Slip Number: _____

I hereby request cancellation of my slip and permit effective _____ (mm/dd/yyyy).

I agree to pay my last month rent. After all my keys and keycards have been returned and my slip has been checked for damage, my security deposit will be returned less damage or loss.

*** I M P O R T A N T ***

NOTICE OF CANCELLATION MUST BE RECEIVED IN WRITING THIRTY (30) DAYS IN ADVANCE OF THE EFFECTIVE DATE.

SECURITY DEPOSIT:

Cancellation of a permit will require the payment of the last month's rent and, if applicable, liveaboard charge. 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 deposit for items not returned, such as keys and keycards.

I understand that I must carry insurance on the vessel while it remains in the slip.

Print Name:		
Address to mail deposit refund:		
City:	State/Province:	Zip/Postal Code:
Phone:		
Reason for Cancellation:		
Signature:		Date:
For County Use:		OUT OF LOS ANOR
Date Received:		
Keys Returned:		CALFORNIA BE