## HARBORSIDE MARINA

131 Grove Street \* Clinton, CT 06413 \* (860) 669-1705 Phone \* (860) 664-4047 Fax

## SUMMER LEASE AGREEMENT FOR DOCKAGE FACILITIES 5/1/24 TO 10/1/24

Please complete and sign contract and return with 50% DEPOSIT by February 25, 2024. Make checks payable to Harborside Marina. Final payment due April 15, 2024 or when your boat is launched (whichever comes first).

Invoice #:				Date:	
Customer:			Business Nan	ne	
Address:			Address:		
City:	State:		City:		State:
Zip code:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Zip Code:		
Mobile Phone:			Fax Number:		
Email:			Home Phone:		
	Shall we send ma	il to your home	or business	(check one).	
Boat Name:			Registration	Number:	
Make/Model of boat:			Year:		
Color:			Draft:		Weight(lbs.):
Length Over All:*	Beam:			URANCE COMPANY IN	FORMATION
Engine(s) Make:			Name:		
Horsepower:			Address:		
Fuel Type:			Phone #:		
0 1	atform, bow pulpit, stern-		т	1.1 (1 (*1	
drives, outboards & rudder.			Insurance binder must be on file at Marina Office		
TEN	PERCENT 10% DISCO	)UNT APPLIEI	O TO RATE FOR Y	YEAR ROUND CUSTOM	IERS
The following:	is allocat	ted for your boat	for the	2024 SUMMER SEA	SON (May 1 -Oct. 1)
The PRICE is:	Total with tax:	\$	-	**Extended swim platfo	• •
		CLUDED)			3) extra feet).
OFFIC	E USE ONLY				
	Amount	Date			
TOTAL:				Changes?	
DEPOSIT RECEIVED:			Please	e review above informatio	on and make any
BALANCE DUE:	\$ -		necessary ad	ditions or changes. Chec	k box if changes made.
PAYMENTS:			-	-	-
PAID IN FULL:					
I have read the tenants conditic violation of the rules and regulati and any m	ons on reverse side could be	e grounds for termi	ination of contract and		boat and loss of slip usage

 Date:
 Tenant Signature:
 Signature

 Date:
 Accepted by Marina: