## HARBORSIDE MARINA

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

## SUMMER LEASE AGREEMENT FOR DOCKAGE FACILITIES 5/1/25 TO 10/1/25

Please complete and sign contract and return with 50% DEPOSIT by February 15, 2025. Make checks payable to Harborside Marina. Final payment due April 15, 2025 or when your boat is launched (whichever comes first).

	Date:
	Business Name: Address:
State:	City: State:
	Zip Code:
	Fax Number:
_	Home Phone:
Shall we send mail to your hor	ne or business (check one).
	Registration Number:
	Year: Draft: Weight(lbs.):
Rooms	INSURANCE COMPANY INFORMATION
Deam.	Name:
	Address:
	Phone #:
latform, bow pulpit, stern- boards & rudder.	Insurance binder must be on file at Marina Office
	IED TO RATE FOR YEAR ROUND CUSTOMERS
(TAX INCLUDED)	**Extended swim platforms & O/B brackets Add Three (3) extra feet).
E USE ONLY	
Amount Date	Changes?
-	Please review above information and make any
\$ -	necessary additions or changes. Check box if changes made.
Ψ	necessary additions of changes, check son it changes made
	as a part of this contract-the same as if it were printed above my signature. Any
	is allocated for your be Total with tax:  (TAX INCLUDED)  E USE ONLY  Amount Date  \$ -