

**VILLAGE OF SAG HARBOR DOCKS
CHANGE REQUEST**

Name _____ Phone _____
Mailing _____
Address _____ Email _____
Resident or
Non-Resident _____

Residents must provide proof of residency as stated in the Berthing Agreement

Current Location _____ **Request Change to:** _____

Mooring ___ **Dinghy** ___ **Cable** ___ **A-Dock** ___ **B-Dock** ___ **Marine Park** ___

Reason for Change Request _____

Boat Name _____

Registration # _____ Manufacturer _____

Type: Power _____ Sail _____ Length Overall _____ Width _____ Draft _____

If you will be docking a different boat from the one currently assigned to your slip, please complete a new berthing agreement and provide a copy of the registration and insurance for the new boat.

New Boat Name _____

Registration # _____ Manufacturer _____

Type: Power _____ Sail _____ Length Overall _____ Width _____ Draft _____

SIGNATURE _____ DATE _____

Please email completed Change Request to secretary@sagharborny.gov or mail to:

Village of Sag Harbor
PO Box 660
Sag Harbor, NY 11963