



**Village of Sag Harbor
Change Request Form**

P.O. Box 660 · 55 Main Street · Sag Harbor, NY · 11963
Phone: 631-725-0222 · Fax: 631-725-0316

2021 CHANGE REQUEST FORM

Name _____ Phone _____

Mailing Address _____ Email _____

_____ Resident/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/Documentation# _____ Year/Make/Model _____

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/Documenation# _____ Year/Make/Model _____

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

SIGNATURE _____ DATE _____

Please email completed change request to accountclerk@sagharborny.gov or mail to the address listed above: