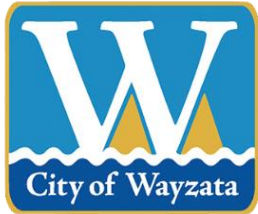


2019



Canoe, Kayak or Paddle Board Rack Rental Waiting List

600 Rice Street East • Wayzata, MN 55391

952-404-5306 • 952-404-5318 (fax)

www.wayzata.org

REV: 8/2017

APPLICANT INFORMATION

APPLICANT'S FULL LEGAL NAME(S)			
PRIMARY ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER		
WORK PHONE NUMBER	E-MAIL ADDRESS		

TYPE OF WATERCRAFT

CANOE
 KAYAK
 PADDLE BOARD

PLEASE CHECK ONLY ONE of the following categories in order of eligibility for a rack spot:

1. I certify that my primary residence is in Wayzata (I live in Wayzata more than 6 months per year.)

or _____ Date Signed _____

Applicant's Signature

2. I own property in Wayzata but do not reside in Wayzata.

WAYZATA, MN 55391

Provide address of property: _____

or

3. I work within the city limits of Wayzata.

or

4. All other applicants.

APPLICANT: Please read and sign below

I understand the watercraft listed above is the only watercraft authorized to be placed on the rack. I agree to communicate all changes, such as the need to place a different watercraft in the rack, to the City of Wayzata *within 48 hours* of making the change. I hereby agree to defend and hold the City of Wayzata harmless from any and all claims, loss, damage, liability, injury or expense incurred by me or claimed by others in connection with my use of the rack. I hereby agree to accept the rack furnished to me "as is" without any further representations by the City relative thereto. I hereby agree that any assigned rack spot not used by June 10th in the year in which it is issued shall be declared vacated and the rental of the rack spot shall be cancelled. I hereby agree that all rights hereunder shall be non-assignable and non-transferable and that I will surrender any assigned rack spot to the City without a refund of fee upon termination of the current boating season or if I fail to comply with City regulations regarding rack rental usage. I understand that any and all **watercraft on city property must be removed by November 1st**. I have read all of the above requirements and agree thereto without qualification that all information included and represented above is true and correct.

APPLICANT'S SIGNATURE:	DATE SIGNED:
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OFFICE USE ONLY

DATE RECEIVED:	IS APPLICANT A RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAIT LIST NUMBER:
DATE NOTIFIED OF OPENING:	APPLICANT TOOK SPOT #:	