



7881 Sandholdt Road  
Moss Landing, CA 95039  
Ph: 831.633.2461  
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## TERMINATION OF SLIP PERMIT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_ ACCT NO.: \_\_\_\_\_

*I hereby terminate my slip at the Moss Landing Harbor*

*District effective on* \_\_\_\_\_.

*Assigned Slip No. (if applicable):* \_\_\_\_\_

*I will pay any outstanding fees that may be due at this time.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_