

APPLICATION FOR FLOATING PROPERTY TITLE and/or IDENTIFYING PLATE

							SERVICES					FEES	
Title NoIdentifying Plate No							Initial Title or Title Transfer (\$100)						
							Replacement Title without any changes (\$50)						
Provide your name to direct mail companies? Yes No							Late Title Transfer Penalty (\$25)						
Primary Owner (print full legal name)							Initial or Replacement Identification Plate (\$50)						
First MI Last		Last	Su	ffix	DOB	(\$60)					\$		
									TOTAL	. FEES	\$		
Mailing Address		Character		:	\								
			Structure Location and Description Moorage Name					Slin	Slip Number				
City			State		Zip	Woords	c man				56	- Trainioei	
					Moorag	e Ado	dress						
Co-Owner(s):							e City	<i></i>			State	Zip	
First MI Last			Suffi		DOB							,	
						Waterway (river, lake, tributary) County					У		
Mailing Address						Structui	е Тур	pe:			Const	ruction	
_							☐ Floating Home (domicile)					Date:	
City			State	. Т	Zip			thouse (garage tplane)	for boat or		(MMY)	YYY)	
City		State		ΖΙΡ									
	МІ	Τ.			T		boat	thouse)					
First	Last	Su	ffix	DOB	Length (feet)	Width (feet)		Exterior MateAluminum	ıl Vi	Vinyl			
				(1000)		(reet)		ther	V				
Mailing Address								ethod:				_	
								Pontoonsl Dow7 Foam	ogsBarrels	Whi	te Bead	Foam	
City			State Zip			Encapsulated Foam (requires certification)							
						Othe	r (spe	ecify)					
						Number	of R	ooms:			Numb	er of	
Survivorship: (Must be						Storie	_						
☐ JOINT OWNERS AGRE	Oth	er Ro	oms (specify)										
WITH RIGHT OF SURV	/IVORS	HIP.								_			
Security Interest H						-			oored structure			-	
Primary Security Interest Holder Name							or pilings and is used primarily as a domicile, not as a boat. A floating property is required to be titled and issued an identifying						
Mailing Address						4			ucture is moore				
			ı					•					
City State Z					Zip	I hereby certify under penalty of law the information given by me on this application is true, correct, and complete to the best of my knowledge and belief.							
Secondary Security I	nteres	st Holder Name											
Mailing Address							of App	olicant(s)			Date (I	MM/DD/YY)	
City			State	9	Zip	Daytime F	hone		Email addr	ess			
						J L							