

MALLARD BAY PROPERTY OWNERS' ASSOCIATION (MBPOA) COMMUNITY DOCK BOAT SLIP REQUEST AND AGREEMENT FOR 2027

Note: no more than one slip per lot may be reserved as a Priority 1, but more than one rack space may be requested, subject to availability. Please fill in all applicable blanks completely.

I/We, _____ owner(s) of lot(s) _____, Mallard Bay, request assignment of ☐ one boat slip at the MBPOA community dock and/or ☐ _____ space(s) on a canoe/kayak rack, for the period March 1, 2027 through February 29, 2028. Payment of \$_____ (for a slip: \$10 per foot of boat length; \$20.00 for each rack space) is enclosed. Payment will be returned if space is not available. This request is made in accordance with the MBPOA Community Dock Rules and Regulations. The priority of this request (see the Rules and Regulations for an explanation of priorities) is:

☐ Priority 1. I/We currently are assigned space (a slip and/or storage rack space, as applicable) and wish to retain it for another year. I/We understand that this request and payment must be received (or postmarked if submitted by mail) no later than November 1, 2026.

☐ Priority 2. I/We understand that this request and payment must be received (or postmarked if submitted by mail) not later than January 2, 2027, and that it does not guarantee assignment of a slip or rack space.

☐ Priority 3. I/We understand that this request does not guarantee assignment of a slip or rack space.

This request ☐ is ☐ is not made for a tenant renting from me.

Tenant name _____ Address _____

Boat information for slip reservation:

Manufacturer: _____ Length: _____ Beam: _____ Draft: _____
Registration (state and number): _____ Boat name: _____
Registered owner(s): _____ Phone _____

I/We have read and understand the MBPOA Community Dock Rules and Regulations and agree to abide by them. I/We agree to maintain, on the boat identified in the slip application above and on any other boat placed in the assigned slip, general liability insurance in an amount not less than \$500,000.00 per occurrence.

For Boat Slip requests, a Certificate of Insurance MUST accompany this form.

Signature _____ Date _____

Insurance Verified by Dock Master _____ Date _____

Canoe/kayak information for rack reservation:

Manufacturer: _____ Length: _____ ☐ Canoe ☐ Kayak ☐ Paddle Board
Manufacturer: _____ Length: _____ ☐ Canoe ☐ Kayak ☐ Paddle Board
Manufacturer: _____ Length: _____ ☐ Canoe ☐ Kayak ☐ Paddle Board
Manufacturer: _____ Length: _____ ☐ Canoe ☐ Kayak ☐ Paddle Board

Please make check payable to MBPOA. Return completed form and payment to:

MBPOA, Attn: Dock Master, PO Box 87, Heathsville, VA 22473-0087

***** Dock Master's Action *****

Date received/postmarked _____ Priority _____

[] Slip number assigned. _____ [] No slip available. [] Placed on waiting list, # _____

[] Rack number(s) assigned: _____