



Lake Lotawana Association, Inc.

Decal # _____

APPLICATION FOR REVOCABLE WATERCRAFT REGISTRATION

PLEASE COMPLETE OR CORRECT ALL INFORMATION:

Expires December 31, 2021

Block/Lot _____ Cash___ Check___ CC___ PWC___ Power Craft___ Non-Power___ Date Issued_____

Property Owner _____ Renter _____

Owner Mail: _____

(ONLY if requesting that decals be mailed back to you.) (Certified mail fee is additional \$10.00.)

WATERCRAFT DESCRIPTION:

Mfr: _____ Model: _____ Type: _____ Year: _____

Serial #: _____ Construction Material): _____

Length: _____ (Approved by _____ Date _____) Weight (lbs.): _____ Color: _____

MOTOR:

Make: _____ Model: _____ Type: _____ Year: _____

Serial #: _____ Horsepower/Cubic In.: _____

In making this application for Lake Lotawana Association, Inc. ("Lake"), I agree to the following:

- I own the above watercraft and the above information is true.
- I hereby certify the following information is true and correct: I CURRENTLY HAVE AND WILL MAINTAIN THROUGH DECEMBER 31 OF THE CURRENT YEAR ALL INSURANCE COVERAGES RELATED TO THE WATERCRAFT LISTED ABOVE AS REQUIRED BY THE CURRENT RULES AND REGULATIONS OF THE LAKE. (CURRENT LIABILITY LIMITS ARE \$300,000 MINIMUM FOR EACH POWER CRAFT, WHICH MUST LIST THE YEAR, MANUFACTURER AND TYPE OF CRAFT, AND \$100,000 FOR EACH NON-POWER CRAFT). I will also provide within 5 days, upon request by the Lake, proof of the insurance coverages required above. I understand and agree that failure to maintain such above required coverages and/or timely provide proof of coverages requested may subject me to violation penalties, points and suspension of lake privileges.**
- Assessments/all charges have been paid in full on **all** my properties.
- I understand that my Lake privileges may be revoked if my guests, family, and/or I fail to comply with the Water Use Regulations of the Lake.
- I, my family, and/or guests agree to take a breathalyzer test or blood alcohol study upon request of the Lake Water Patrol when involved in an accident or hazardous activity. Refusal to take the breathalyzer test, submit to a blood alcohol test or provide the results of a breathalyzer test or blood alcohol study, obtained by a medical facility, will result in automatic revocation of lake privileges.
- As consideration for the permit applied for herein, I agree to take all responsible precautions to prevent accident or injury to all persons or property. I will indemnify and save harmless Lake Lotawana Association, their affiliates, officers, and directors; from any loss and claims of damage of whatsoever kind or character, by reason of the use and/or ownership this watercraft and its maintenance.
- At the bottom of this page write/verify where you will moor your watercraft, i.e.: Well, North, South, East or West **and initial**.
- Existing boats on the lake must be registered and decal displayed by **May 1**. If current decals and block and lot numbers are not displayed on boats, they must be removed from docks, lifts, parkway and lake.
- If you lose your decals, you must pay full price to replace them.
- I have read and understand all the above conditions and certify that all information above is accurate and complete.**

Date: _____ Signature: _____

Mooring Location: _____ Initial to confirm mooring: _____

Phone: _____ Email address: _____

FEES:

PWC	\$65.00
Power-Craft	65.00
Non-Power Craft	25.00

OFFICE USE ONLY:

Initial: _____	Yes	No
Assessments Pd	___	___
Insurance (new reg.)	___	___