

SORRENTO DOCK OWNERS ASSOCIATION, INC

P.O. Box 190
Nokomis, FL 34274-0190
sdoainc@gmail.com

DOCK OWNER INFORMATION 2019

DOCK # _____

First Name _____ MI _____ Last Name _____

Email _____ Home/Cell Phone _____

Billing Address January 1 _____

City _____ ST _____ ZIP _____

Billing Address July 1 _____

City _____ ST _____ ZIP _____

In Case of an emergency, contact: (other than person above)

Name _____ Phone _____

Name _____ Phone _____

THE FOLLOWING INFORMATION IS REQUIRED REGARDING YOUR PERSONAL BOAT OR ANY BOAT THAT IS RENTING YOUR BOAT SLIP

Boat Year _____ Boat Make _____ Boat Model _____

Boat Registration # _____ Mo/Yr of Reg. Decal _____

(Boat Reg. # begins with 2 letter State Abbreviation followed by Numbers, ex FL 12345)

Insurance Co. Name _____ Agent Phone _____

Policy Number _____ Insurance Coverage Amount _____

****All owners of boats in the Boat Basin are required to contact their insurance carrier to submit a Certificate of Insurance each year upon insurance renewal. This must be mailed directly from insurance carrier to SDOA to the address or by email above.**

Is your dock EMPTY? _____ NO _____ YES

Do you OWN the boat listed above? _____ NO _____ YES

Are you RENTING your dock? _____ NO _____ YES

Do you want referrals to RENT your dock? _____ NO _____ YES

Do you want referrals to SELL your dock? _____ NO _____ YES

Name of Renter _____

Address of Renter _____

E-mail Address of Renter _____

Phone Number (s) _____

Please notify SDOA by mail or email if status of the boat in your slip changes.