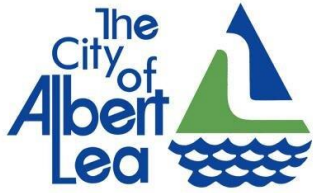


Mail to:

Recreation Department
221 East Clark Street
Albert Lea, Minnesota 56007-2496
507-377-4370

Riparian Dock Designation or Relocation Request Form	
FULL NAME:	DATE:
ADDRESS:	CURRENT DOCK NUMBER: (IF APPLICABLE)
PHONE/EMAIL:	DESIRED DOCK NUMBER:
REASON FOR REQUEST: <input type="checkbox"/> Designation (Request to have a dock space designated to a property that does not already have one) <input type="checkbox"/> Relocation (Request for a different dock space be designated to a property)	
EXPLANATION OF REQUEST: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Thank you for submitting your request. This will be reviewed by staff and you will be contacted for further follow-up.



OFFICE USE ONLY

STAFF ACTION: (see attachments)

ACTION:

- COMPLETED BY RECREATION STAFF
- REFERRED TO CITY MANAGER

DATE:

STAFF SIGNATURE:

CITY MANAGER ACTION:

- GRANT REQUEST
- DENY REQUEST
- REFERRED TO CITY COUNCIL

DATE:

CITY MANAGER SIGNATURE:

CITY COUNCIL ACTION:

- GRANT REQUEST
- DENY REQUEST

DATE:

CITY COUNCIL SIGNATURE: