



Mail to:  
221 East Clark St.  
Albert Lea, MN 56007

Drop off:  
701 Lake Chapeau Dr.  
Albert Lea, MN 56007  
507-377-4370

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### Riparian Dock Designation or Relocation Request Form

FULL NAME:

DATE:

ADDRESS:

CURRENT DOCK NUMBER: (IF APPLICABLE)

PHONE/EMAIL:

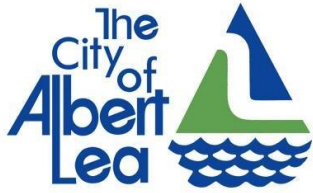
DESIRED DOCK NUMBER:

REASON FOR REQUEST:

- Designation (Request to have a dock space designated to a property that does not already have one)
- Relocation (Request for a different dock space be designated to a property)

EXPLANATION OF REQUEST:

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 CLERK SIGNATURE: