

LAKE EDGEWOOD CONSERVNACY DISTRICT WATERCRAFT REGISTRATION FORM

NAMES _____ Lot # _____

ADDRESS _____

CITY _____ Zip _____ Phone _____ Email: _____

Boat #	Year	Type	Model	Color	Motor HP	Boat Fee	HP Fee (HP x.50)	LATE FEE after June 15th	Total Fee	Proof of Ownership or Affidavit Provided
Gas Powered Watercraft										
Board use Only										
1						\$ 20.00 + _____	\$ 5.00	_____	_____	YES or NO
2						\$ 20.00 + _____	\$ 5.00	_____	_____	YES or NO
3						\$ 20.00 + _____	\$ 5.00	_____	_____	YES or NO
4						\$ 20.00 + _____	\$ 5.00	_____	_____	YES or NO
Kayak, Peddle Boat, sailboat, canoe and non-power fishing boats (year not needed)										
3						\$ 10.00	n/a	\$ 2.50	_____	
4						\$ 10.00	n/a	\$ 2.50	_____	
5						\$ 10.00	n/a	\$ 2.50	_____	
6						\$ 10.00	n/a	\$ 2.50	_____	
7						\$ 10.00	n/a	\$ 2.50	_____	
8						\$ 10.00	n/a	\$ 2.50	_____	
Total Due									_____	

Make checks Payble to: LECD or Lake Edgewood Conservnacy District

FEES ARE DUE AND PAYABLE ON OR BEFORE MAY 15TH OF EACH YEAR. Boats registered after June 15th will incur a late fee (unless a the boat is a newly purchased by freeholder)

IMPORTANT NOTICE AS REGARDS WATERCRAFT INSURANCE and LAKE USAGE: Proof of financial liability must be provided for any watercraft on Lake Edgewood **as well as Proof of Ownership for all powerboats (title, bill of sale etc.)** A minimum of \$300,000 watercraft liability on Insurance is required for all watercraft (gasoline, human or electric powered watercraft), or a minimum of \$300,000 personal liability on your homeowner's policy. Evidence of this coverage is required before a license (sticker) can be issued. Please, provide the LECD Board with a Certificate of Insurance. Your insurance agent can provide a current certificate or declaration sheet for you. Additionally, your signature below verifies that you, 1) have agreed to review and adhere to the LECD Lake Usage rules and regulations and 2) understand the risks involved when boating and swimming in said "Lake Edgewood".

SIGNED: _____ DATE: _____

LECD FINANCIAL OFFICE USE ONLY

Date Paid: _____ Amount _____ Check # _____ Insurance Co: _____

Certificate # _____ Valid Dates: _____ thru _____ ID Check _____