



City of Anoka –Riverfront Park
Boat Slip Lease Agreement
2015 First Ave, Anoka, MN 55303
(763) 576-2980

2026

Slip #: _____
Date _____
Rcv'd: _____

BOATING SEASON is estimated to occur from May 15 – October 1
(water conditions permitting)

FEE - \$900.00 All 2026 Leases

PERSONAL INFORMATION FOR LESSEE

(Please Print Legibly)

Last name: _____ First name: _____

Street: _____

City: _____ State: MN Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ ☐ Yes, I'd like to receive periodic
Rum River News updates via email

*Emergency Contact Name _____

*Emergency Phone _____
**Person to be contacted in case of emergency - required to be completed for agreement to be valid.*

REGISTERED BOAT INFORMATION

(one registered watercraft only; boat must be registered in the name of the above Lessee)

Year: _____ Length in feet: _____
(from bow to furthest point away, not to exceed 24 feet)

Make: _____ Width in feet: _____
(not to exceed 8 ½ feet)

Model: _____ Registration #: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy #: _____

Valid Dates (i.e. 1/1/26 – 12/31/26) _____

ACCEPTANCE AND ACKNOWLEDGEMENT

I have read and understand the complete lease agreement. I agree to all of the terms, conditions and obligations contained in them; I agree that I am solely responsible for all charges incurred and agree that any violation of the agreement terms, or my failure to pay charges by due dates, may result in forfeiture of slip and no refund given and/or other remedies available to the Lessor as set forth in the terms and conditions of the agreement. If any information I have provided is falsified, boat slip is subject to immediate forfeiture and I will not be eligible for any future boat slip lotteries upon confirmation of falsified information.

Signature of Lessee: _____ Date: _____



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PAYMENT INFORMATION

- \$900 Annual Rental Fee
- Minimum \$300 Deposit due with Lease Form submittal.
- Final payment of balance is due on or before May 10, 2026.

Deposit Payment: \$300.00 **Other Amt: \$** _____

_____ Check # _____ enclosed

_____ please charge my Visa / MC / Discover

Payment Amount: \$ _____ **+ \$3.95 fee**

A \$3.95 convenience fee will be added to mail/phone credit transactions .

Credit card acct # _____

exp. Date _____ / _____ **CVV#:** _____ **billing zip code:** _____
mm / yy

Printed Name (as it appears on the card): _____

Card Holder Signature: _____

Office Use Only:

AR Invoice Set up: N/a **Yes, date completed:** _____ **Initials:** _____

Deposit

Date rcvd: _____ **Amt:** _____ **Receipt #** _____ **Balance Due:** _____

Payment 1

Date rcvd: _____ **Amt:** _____ **Receipt #** _____ **Balance Due:** _____

Payment 2

Date rcvd: _____ **Amt:** _____ **Receipt #** _____ **Balance Due:** _____

Payment 3

Date rcvd: _____ **Amt:** _____ **Receipt #** _____ **Balance Due:** _____

DATE PAID IN FULL : _____