



**Key West City Marina**  
**1801 North Roosevelt Boulevard**  
**Key West, Florida 33040**  
**(305) 809-3981**  
**Fax (305)-293-6477**

**e-mail: [keywestcitymarina@cityofkeywest-fl.gov](mailto:keywestcitymarina@cityofkeywest-fl.gov)**

For office use only:

Slip number \_\_\_\_\_

Reservation number \_\_\_\_\_

Dates \_\_\_\_\_

Received by \_\_\_\_\_

Confirmed / Date \_\_\_\_\_

## Reservation Request and Credit Card Authorization Form

All advance reservations require an advance reservation fee of one day's transient dockage rate. The reservation fee is non-refundable unless reservation is cancelled at least 48 hours in advance. Please fill in the information listed below and e-mail or fax back to (305) 293-6477 to acknowledge and agree to this cancellation policy. No reservation is confirmed until signed copy of this form is received.

I, (please print) \_\_\_\_\_ hereby give the City of Key West authorization to charge my credit card for payment of my transient dockage fee for the first night for the amount of \$ \_\_\_\_\_ arriving on (date) \_\_\_\_\_ and departing by 11:00 a.m. on (date) \_\_\_\_\_

I will need a place to store my boat trailer. (Please Check one)  **Yes**  **No**

Trailer tag # \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ Home \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Type \_\_\_\_\_ Length \_\_\_\_\_ Beam \_\_\_\_\_ Height \_\_\_\_\_ Draft \_\_\_\_\_

Vessel Name \_\_\_\_\_ Vessel Registration # \_\_\_\_\_

(Please check one)  Visa /  Master Card /  American Express /  Discover

Credit Card # \_\_\_\_\_

CVV Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_