



P.O. Box 275

Valdez, AK 99686

Phone: 907-835-4981

Fax: 907-835-2958

Email: harbor@valdezak.gov

Grid Use Agreement

Owner's Name: _____ Phone: _____

Address: _____

Agent or Operator's Name: _____ Phone: _____

Address: _____

Vessel Name: _____ Vessel Registration: _____

Type of Vessel: _____ Make of Vessel: _____

Length (O.A.): _____ Beam: _____ Draft: _____ Keel Length: _____

Keel Width: _____ Type of Keel(s): _____

Net Weight: _____ Gross Weight: _____

Displacement: _____

Fuel on Board: _____ Gear on Board: _____

TIDES DESIRED:

On time @ high tide: Date	_____	Time	_____	Height of Tide (ft)	_____
Off time @ high tide: Date	_____	Time	_____	Height of Tide (ft)	_____

Electricity? YES / NO (Circle one)

****User's Initials****

_____ **If my plans change, I will notify the Harbormaster's Office by phone (907-835-4981) or VHF Ch. 16 at least twelve hours prior to the scheduled "on time".**

I, _____, owner/agent/operator, have personally inspected the grid and being fully aware of its present condition, do hereby agree to accept full responsibility for any and all damages occurring as a result of the vessel: _____ using the grid facilities at the Valdez Small Boat Harbor; and do hereby agree to pay for all damages immediately upon receiving a full and accurate accounting of the charges against said vessel. I must remove all debris. Failure to remove debris will result in cleanup by harbor staff. The cost incurred by harbor staff is \$60.00 per hour/per staff, plus appropriate equipment rental and material costs.

I am fully aware of and hereby agree to comply with the grid regulations, limitations and restrictions and am aware of and agree to abide by the restriction on sandblasting on the grid or performing water blasting with pressure that may result in removal of paint.

Owner/operator further agrees to indemnify, defend and hold harmless the City resulting from any work done on vessel listed above by anyone. The City encourages the owner/operator to use licensed and insured contractors performing work on vessel.

Owner/Agent/Operator _____ Date _____

Harbormaster _____ Date _____