

# Private Waterfront Docking Agreement



For the purpose of this form, the...

“Owner” – The person owning the property where the dock(s) is(are) located.

“User” – Another LCA Member the Owner is allowing to dock an LCA registered watercraft(s) at the Owner’s waterfront property.

“Member In Good Standing” – Financially sound (current) with Lake Carroll Association.

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**Section I – Please print clearly** (Electronic form available to complete, print, and turn into the Office at [www.lakecarrollassociation.com](http://www.lakecarrollassociation.com).)

Owner’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Dock: Sec \_\_\_ Lot \_\_\_

User’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

User’s Sec \_\_\_ Lot \_\_\_

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**Section II – LCA Registered Watercraft to be docked at Owner’s waterfront** (Year/Make/Model)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

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**Section III – Owner’s Signatures required**

- I (the Owner) agree to allow the User listed above use of (1, 2, 3, or 4) \_\_\_ slip(s) space(s) located on my lakefront property listed above.
  - I understand the User may use my property to access his docked watercraft.
  - I must remain a Member in Good Standing to continue this docking relationship.
  - This docking agreement will terminate on November 1st of the year in which it is signed.
- Check here if installing a dock to accommodate the User; A&E must approve.

Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section IV – User’s Signatures required**

- While accessing my watercraft(s) via the Owner’s property, I understand my vehicle(s), if parked at the edge of a roadway, may not impede traffic.
- I must remain a Member in Good Standing to continue this docking relationship.
- I (the User) understand this docking agreement will terminate on November 1st of the year in which it is signed.

User’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office Use Only*

Date received: \_\_\_\_\_

Member in Good Standing  
Owner  Yes  No  
User  Yes  No

Watercraft Registered Y or N

Date approved: \_\_\_\_\_

1. \_\_\_ 2. \_\_\_ 3. \_\_\_ 4. \_\_\_

LCA Staff: \_\_\_\_\_