

Sugar Sands Condominium Association, Inc.
Application For Dockage Sale Or Lease Agreement

Revised (03/22/2001) Revised (To 8 1/2 by 11 Size 12/1/2010)

Present Dock Owner (Grantor) _____

Bldg. _____ Apt. _____ of Dock _____ Slip _____ hereby grant(s) this dockage sale ____ or lease ____ agreement to _____ of Bldg. _____ Apt. _____, Riviera Beach, Florida hereinafter called the Grantee, and by these presents, authorizes said Grantee to have the sole use of Dock _____ Slip _____ in accordance with the Dockage Layout dated November 11, 1998, approved by the Board of Directors. This dockage agreement and grantee's use of the facilities shall be subject to all rules, regulations, and conditions as shall from time to time be established by Sugar Sands Association, Inc., all of the terms and conditions contained in the Agreement for sale or lease of dockage facilities previously entered in by Grantor on (Date) _____ and all of the terms and conditions contained in the Declaration records in official Record Book 10988, Page 1540, Public Record of Palm Beach County, Florida, all of which shall survive the issuance of their dockage sale ____ or lease ____ agreement and shall be in full force and effective hereafter. Dock _____ Slip _____ is limited to the docking of a boat no larger than _____ feet long and with a maximum beam of _____ feet.

BOAT INFORMATION

Registrant's Name: _____

Registration No.# or Home Port _____ Hull or ID No# _____

Boat Name _____ Year _____ Make _____

Fuel _____ Propulsion _____ Length _____ (Ft.) Beam _____ (Ft.)

NO MAJOR BOAT REPAIRS ALLOWED

BOAT MAY NOT BE USED FOR COMMERCIAL PURPOSES.

IT IS UNDERSTOOD, WHEN LEASING A UNIT DOCK RIGHTS GO WITH THE LEASE

Length of Lease : _____ To _____

GRANTEE'S SIGNATURE _____ DATE _____

GRANTOR'S SIGNATURE _____ DATE _____

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Sale ____ /// Lease ____

Bldg. _____ Apt. _____ of Dock _____ Slip _____

Approved _____ Disapproved _____

Comments: _____

CANAL COMMITTEE _____ DATE _____
(Authorized Signature)

LEASE / SALE APPROVED BY THE BOARD

PRESIDENT

SECRETARY

DATE OF APPROVAL: _____