Rochelle Cove - Eagle Point POA
2025 Boat/PWC Slip Initial Application

Name: _____
_____

Address: _____
(POA subdivision address)

Phone #: _____

☐ I hereby agree and consent to receiving all notices and communications with and from the Rochelle Cove – Eagle Point POA via electronic means using the email address provided below.

   Email: _____

■ I am a POA member: Yes ☐   No ☐
■ I am the owner and resident at the real property located at the above POA address:
   Yes ☐   No ☐
■ I desire the following type of boat/PWC slip:
   (Indicate preference by number 1 being most preferred, etc. Select all types as applicable).

Slip Type	#	Slip Type	#
Covered Boat Slip		Boat Tie-on	
Boat Tie-on (end slip)		PWC Tie-on (includes boats less than 14')	

Boat/PWC Information: **Copy of current NC (or applicable state) Wildlife Resources Commission Registration Required.**

Insurance Information: **Copy/Evidence of Current Insurance Coverage Required.**

NOTE: Applications received without proper fees (POA dues and Slip Fees), registration and insurance information, and/or incomplete applications and/or a signed copy of the Acknowledgement below will not be considered.

Acknowledgment of Rochelle Cove - Eagle Point POA Boat/PWC Slip Rules and Regulations

I hereby agree that I have read and understand the above-referenced Rules and Regulations. I understand that failure to abide by such rules and regulations may result in actions up to and including termination of any lease agreement with the POA.

I further understand that this application is required to be fully executed and returned with the following:
☐ 2025 lease fees
☐ 2025 POA dues
☐ Executed Lease Agreement
☐ Copy/evidence of current insurance coverage for applicable pwc/boat

☐ Copy/evidence of NC (or applicable state) Wildlife Resources Commission Registration Required.

Failure to include this signed and fully executed document with all of the above-depicted required fees and documentation will prevent my application from being reviewed and processed by the POA.

Applicant: _____ Date: _____

MAKE CHECKS PAYABLE TO: ROCHELLE COVE - EAGLE POINT POA

Mail and/or deliver completed application with applicable fees and information to:

Rochelle Cove Eagle Point POA
Attn: Secretary/Treasurer
PO Box 414
Littleton, NC 27850

And/or via hand-delivery to a currently serving/acting POA Board Member. Application package is required to depict delivery/receipt date.

FOR USE BY: POA Board of Directors Only   Date Application Received: _____

Application Complete: Yes ☐   No ☐
Certificate/Evidence of Insurance attached hereto: Yes ☐   No ☐
Registration attached hereto: Yes ☐ No ☐
Applicant Tier Status: Tier 1 ☐   Tier 2 ☐   Tier 3 ☐
Fee Submitted: Yes ☐   No ☐
Application Approved: Yes ☐   Slip # Assigned: _____
                                    No ☐   Reason: _____
Waiting List: Yes ☐   No ☐

Signature: _____ Date: _____