

# Rochelle Cove - Eagle Point POA 2025 Boat/PWC Slip Renewal 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 to renew my existing Lease Agreement for the continued lease of  
previously assigned/leased boat/pwc slip.

**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.

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**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: \_\_\_\_\_