

Office 740.467.2690

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TRANSFER

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO BUCKEYE LAKE STATE PARK

Name _____

Address _____
STREET CITY STATE ZIP

Phone _____
DAYTIME

ARE YOU THE OWNERS ? _____ DATE OF PURCHASE _____

IF NEW OWNER, PREVIOUS OWNER'S NAME _____

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TYPE OF DOCK CONSTRUCTION

WALKWAY DOCK COVERED DOCK BOATHOUSE

DOCK LOCATION _____

SIZE OF STRUCTURE _____ WATERFRONT FOOTAGE _____

IS YOUR DOCKAGE CONTIGUOUS WITH YOUR PROPERTY ? YES NO

SIGNATURE

DATE

PLEASE COMPLETE THE REVERSE SIDE OF THIS TRANSFER BY GIVING DRIVING DIRECTION TO THE DOCK LOCATION.

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FOR OFFICE USE ONLY, DO NOT COMPLETE

APPROVED STIPULATIONS

DISAPPROVED

SIGNATURE

DATE