

Kewalo Basin Harbor Request for Security Watch

Owner Name: _____

Boat: _____

Slip Number: _____

Name of Security Watch: _____

Address (No P.O. Box): _____

Contact Number: _____

Alternate Number: _____

Watch Schedule:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Note: You may be asked to provide proof of residency for security watch in the form of utility bill or similar document.

Received By _____ Date _____

Approved By _____ Date _____