



City of Lake Crystal

100 E Robinson – PO Box 86
Lake Crystal, MN 56055
Phone: 507-726-2538 Fax: 507-726-2265

BOAT DOCK PERMIT APPLICATION

Name: _____

Address: _____
City State Zip code

Phone: _____ Email: _____

Location of Dock: _____

Applicant's Signature Date

OFFICE USE

Fee: \$25.00 Cash _____ Check _____

Permit # _____ Permit Expiration (1 year from issuance) _____

City Official Signature Date