

LNNLRCD Dock Registration Application

Parcel #	Address of Pro	perty Office Use Only RCD Dock #
Do you request the RCD to Yes No	•	to your dock for a fee of \$20?
If yes, please enclose \$20 w	vith this application, p	ayable to RCD.
Contact Information: Name:	Signature:	Date:
Mailing Address:	City, State, Zi	o:
Phone Number:	E-Mail Addres	ss:
*Return appl	ications with a picture of	the completed dock to:
Mail:		E-mail:
LNNLRCD Attn: Dock Registra 404 Lake Ct Dixon, IL 61021		rebecca.miller@lostlakercd.org Subject: Dock Registration
815	404 Lake Ct • Dixon, IL 652-2006 • <u>rebecca.miller@</u>	

Example of where to affix number onto your dock:

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	Dock #		

Dock view as seen from the lake.