

**MANATEE COUNTY PORT AUTHORITY
BERTH REQUEST**

Fax form to Traffic Department: 941/722-8167

From: _____ **Company:** _____

Phone: _____ **Home:** _____ **Fax:** _____

Cell: _____

Name of Ship: _____ **Lloyd's No.** _____

ETA: _____ **Date:** _____ **Preferred Berth:** _____

ETA: _____ **Date:** _____ **Alternate Berth:** _____

Gross Tonnage: _____ **Length:** _____ **Beam:** _____

Flag: _____ **Deep Draft In:** _____ **Deep Draft Out:** _____

Type of Cargo and Quantity: _____

Stevedores: _____

Receiving/Shipping Company: _____

Last Port: _____ **Next Port:** _____

Billing Instructions (fill in the responsible party)

1) **Wharfage:** _____

2) **Dockage:** _____

3) **Linehandling:** _____

4) **Water:** _____

5) **Harbor Master:** _____

6) **Storage:** _____

Expected Time Period: _____

Type & Location: _____