



**OSAGE COUNTY ASSESSOR OFFICE**

600 Grandview, Rm. 101

Pawhuska, OK. 74056

(918) 287-3448

**BOAT DOCK INFORMATION FORM**

PLEASE PRINT

Date you purchased/sold boat dock: \_\_\_\_\_

Buyer's/Owner's name: \_\_\_\_\_

Buyer's/Owner's mailing address: \_\_\_\_\_

Buyer's/Owner's phone number: \_\_ (\_\_\_\_) \_\_\_\_\_

Seller's name: \_\_\_\_\_

Seller's mailing address: \_\_\_\_\_

Seller's phone number: \_\_ (\_\_\_\_) \_\_\_\_\_

PLEASE FILL OUT THE FOLLOWING IF APPLICABLE:

Circle one: Single Owned / Co-Owned / City Owned

Permit Number: \_\_\_\_\_ Slip Number: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Construction type: \_\_\_\_\_ Year built: \_\_\_\_\_

Boat dock size: \_\_\_\_\_ X \_\_\_\_\_ Swim deck size: \_\_\_\_\_ X \_\_\_\_\_

Parcel # & / or Corp Monument # located at: \_\_\_\_\_

Parcel # & / or Corp Monument # moved from: \_\_\_\_\_

Does your dock / slip contain a boat lift? If YES please indicate how many and what's the weight rating of each: \_\_\_\_\_

Does your boat dock / slip have electricity?

Parcel # of related real estate in Osage County: \_\_\_\_\_



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IF APPLICABLE PLEASE ANSWER THE FOLLOWING:

Is there more than one owner of the boat dock or slip please list the names of the other owners.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_

If co-owned, or city boat dock list the responsible party for the tax bill:

Taxpayer's Name: (Please Print) \_\_\_\_\_

Taxpayer's Signature: \_\_\_\_\_

Taxpayer's Mailing Address: \_\_\_\_\_

Taxpayer's Phone Number: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

**\*The above information is accurate to the best of my knowledge. \***

_____ <b>(Print Buyer's Name)</b>	_____ <b>(Buyer's Signature)</b>	_____ <b>Date</b>
_____ <b>(Print Buyer's Name... If owned by 2 people)</b>	_____ <b>(Buyer's Signature ...If owned by 2 people)</b>	_____ <b>Date</b>
_____ <b>(Print Seller's Name)</b>	_____ <b>(Seller's Signature)</b>	_____ <b>Date</b>
_____ <b>(Print Seller's Name...If owend by 2 people)</b>	_____ <b>(Seller's Signature...If owned by 2 people)</b>	_____ <b>Date</b>



ASSESSOR'S OFFICE MUST FILL THIS PORTION OUT

_____ <b>Deputy Clerk Name</b>	_____ <b>Deputy Clerk Signature</b>	_____ <b>Date Processed</b>
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*\*Must be filled in. (Note this form does not take the place of a bill of sale)*