



San Mateo County Harbor District

Phone: (650) 583-4400
Pillar Point Fax: (650) 726-7740
Oyster Point Fax: (650) 871-7532
Email: www.smharbor.com

DATE: _____

TO: **PILLAR POINT HARBOR
ONE JOHNSON PIER
HALF MOON BAY, CA 94019**

**OYSTER POINT MARINA/PARK
95 Harbor Master Rd
So. San Francisco, Ca 94080**

FROM: _____
PRINT - LAST NAME

FIRST NAME

ACCOUNT NUMBER: _____ VESSEL NAME _____

In accordance with the San Mateo County Harbor District (District) Berth Rental Agreement, this letter is my **thirty (30) day written notice** of intent to vacate berth number _____ at Pillar Point Harbor/Oyster Point Marina on _____. I understand that after this date, I will no longer have a monthly berth agreement with the District and I will be required to pay the daily transient rate if I choose to continue to use District services.

I understand that one month of berth fees shall be due from the date of this letter regardless of termination day. I also understand that I will be responsible for any remaining charges that I have incurred until I have vacated the Harbor.

SIGNED: _____
(LESSEE)

Please apply my Security Deposit to the final month's berthing.

Please refund my Security Deposit to the following address: (less any outstanding fees owed)

Address

City State Zip

This notice must be given by "Certified Mail - Return Receipt Requested", hand delivered or fax to the Harbor Master's office at the address/fax # identified above.

