



City of Homer

www.cityofhomer-ak.gov

Port and Harbor

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DEEP WATER DOCK BERTH SCHEDULING REQUEST FORM

REMINDER: The following information must be provided completely to be included on the Deep Water Dock schedule. Dock scheduling requests or cancellations must be submitted by fax or email.

NAME OF PARTY RESPONSIBLE FOR CHARGES:

Dockage Charges: _____

Wharfage Charges: _____

Water (if required): _____

Billing Address of Responsible Party: _____

LOGISTICS: Cargo Handling must be by a Terminal User Permit (TUP) Holder. Line handling must be by a TUP Holder or the vessel crew.

Cargo Handling Firm: _____

Line Handling Firm: _____

SCHEDULED VESSEL(S): For tug and barges, list each vessels' length overall (LOA) separately.

Vessel Name: _____

Flag/Country of Registry: _____

Vessel LOA: _____ Displacement Tonnage (Or Dead Weight): _____

ARRIVAL & DEPARTURE DATES: **Please Note** – Please provide updated ETA and ETD dates/times as soon as known.

ETA Date/Time: _____

ETD Date/Time: _____