

**LAKE SAINT LOUIS COMMUNITY ASSOCIATION**

**BUOY PLACEMENT APPLICATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for request \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

Place Buoy to be located if approved: \_\_\_\_\_

Type of Buoy Requested: No-wake ( ) Swim Area ( ) Danger ( )  
Channel Marker ( ) Information ( )  
Other \_\_\_\_\_ ( )

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**WATER PATROL USE ONLY**

Date and Time investigation began: \_\_\_\_\_ Time ended: \_\_\_\_\_

Findings: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Water Patrol Officer: \_\_\_\_\_

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**LAKES AND PARKS COMMITTEE USE**

Date: \_\_\_\_\_

Request is hereby: \_\_\_\_\_ further it is/is not (circle one) recommended that the Community Association assume the burden and cost of placing the buoy.

Chairperson: \_\_\_\_\_

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**WATER PATROL USE**

Date & Time placement observed: \_\_\_\_\_

Placement has been/has not been made in compliance with the committee's recommendation and guidelines.