



# ANTHONY M. WICKERSHAM

## OFFICE OF THE SHERIFF

KENT B. LAGERQUIST  
UNDERSHERIFF

### FLOAT PLAN

Complete this form before going boating and leave it with a reliable person upon whom you can depend upon to notify the Sheriff's Office or the U.S. Coast Guard should you not return as scheduled. Do not file this plan with the Sheriff's Office or U.S. Coast Guard. If you are delayed on your trip, and it is not an emergency, inform those with your float plan to avoid an unnecessary search.

- Name of person reporting and telephone number: \_\_\_\_\_
- Description of vessel: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Length \_\_\_\_\_  
Registration # (MC's) \_\_\_\_\_ Type \_\_\_\_\_ Vessel Name \_\_\_\_\_

#### PERSONS ABOARD

NAME	ADDRESS	AGE	TELEPHONE

- Engine Type \_\_\_\_\_ H.P. \_\_\_\_\_ # of engines \_\_\_\_\_ Fuel Capacity \_\_\_\_\_
- Equipment: (CHECK AS APPROPRIATE)  
 \_\_\_\_\_ PFD'S \_\_\_\_\_ VDS'S \_\_\_\_\_ MIRROR \_\_\_\_\_ HORN \_\_\_\_\_ FLASHLIGHT \_\_\_\_\_ RAFT  
 \_\_\_\_\_ EPIRB \_\_\_\_\_ PADDLES \_\_\_\_\_ FOOD \_\_\_\_\_ WATER \_\_\_\_\_ ANCHOR
- Marine Radio:** \_\_\_\_\_ YES \_\_\_\_\_ NO **Cell Phone:** \_\_\_\_\_ YES \_\_\_\_\_ NO Number: \_\_\_\_\_
- Trip expectations: Leaving From \_\_\_\_\_ Going To \_\_\_\_\_  
 Leave at: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_ Return By: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_  
 But in no event later than: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_
- Any other pertinent information: \_\_\_\_\_
- Automobile Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ Model \_\_\_\_\_  
 Trailer License Plate # \_\_\_\_\_ Where Parked \_\_\_\_\_
- If not returned by (Date) \_\_\_\_\_ (Time) \_\_\_\_\_ call the Sheriff or Coast Guard at:

**Telephone numbers:** \_\_\_\_\_