



International Port of Dutch Harbor City of Unalaska

Department of Ports and Harbors
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REQUEST FOR DOCK SPACE / CHANGE REQUEST

DATE: _____ **TIME:** _____ **TO:** Port of Dutch Harbor, Scheduling Department

FROM: _____ **PHONE #:** _____

SUBJECT: (please check)

- ☐ DOCK REQUEST
- ☐ CANCELLATION
- ☐ CHANGE EXISTING RESERVATION

Date and Time of Original Request: _____

REQUEST POSITION #: UMC 1 2 3 4 5 6 7 **LIGHT CARGO DOCK:** North South

VESSEL NAME: _____ **LENGTH OVERALL:** _____

ARRIVAL DATE: _____ **ESTIMATED TIME OF ARRIVAL:** _____

DEPARTURE DATE: _____ **ESTIMATED TIME OF DEPARTURE:** _____

COMPANY RESPONSIBLE TO BILL: _____

THE VESSEL WILL BE: (check all that apply)

- ☐ Fueling
- ☐ Offloading
- ☐ Dumpster
- ☐ Loading Ramp
- ☐ Loading Dock, Steel
- ☐ Loading Dock, Concrete
- ☐ Back loading
- ☐ Laying Over
- ☐ Security provided by: _____

Comment:

Bottom Portion to be filled out by Port of Dutch Harbor Scheduling Staff

Confirmed By: _____ **Date:** _____ **Time:** _____