



**Mail**  
 PO Box 5310  
 Stateline, NV 89449-5310

**Location**  
 128 Market Street  
 Stateline, NV 89449

**Contact**  
 Phone: 775-588-4547  
 Fax: 775-588-4527  
 www.trpa.org

**REPLACEMENT BUOY TAG REQUEST FORM**

**DECLARATION:**

I hereby declare under penalty of perjury that all information submitted as part of this request is true and accurate to the best of my knowledge. I am the owner of the subject property, or have been authorized in writing by the owner(s) of the subject property to represent this request, and I have obtained authorization to submit this request from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that TRPA accepts no responsibility for informing these parties or obtaining their authorization. I understand that should any information or representation submitted in connection with this request be inaccurate, erroneous, or incomplete, TRPA may rescind any approval, registration, or take other appropriate action. I understand that additional information may be required by TRPA to review this request.

I hereby authorize TRPA to install or verify the presence of a TRPA buoy identification tag as required by subsection 82.7.4 of the TRPA Code of Ordinances. I understand buoy tags declared lost, stolen, or damaged are no longer valid for identification and if found, I will return them to TRPA immediately.

**Signature:**

\_\_\_\_\_ At \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner County*

**Owner** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mailing Address** *(for new tags)* \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Buoy Location/Assessor's Parcel Number (APN)** \_\_\_\_\_

**Property Street Address** \_\_\_\_\_

*Buoy Tag Number(s)* \_\_\_\_\_ *has/have been:*

- Lost
- Stolen
- Damaged
- Other

*and I am requesting replacement(s). Damaged tags shall be returned to TRPA.*

**Comments:**

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_