

Town of Eastham

Harbormasters Office
555 Old Orchard Road
Eastham, MA. 02642



Office Use ONLY:

DATE: _____
STICKER: _____
TAG: _____ / _____

508 240-5972
FAX 240-6687
natres@eastham-ma.gov

Eastham Mooring Permit Agreement

Pursuant to the Eastham Mooring Regulations adopted
By the Eastham Board of Selectmen on September 6th 2011

To obtain your Eastham Mooring Permit, complete the below agreement and **sign it**. Then submit or mail it together with a **valid copy of the vessel registration** and a **check** made payable to "**Town of Eastham**" in the amount required under vessel length table which can be found in the Mooring Regulations. Permits can be picked up at the Natural Resource Office during office hours: Monday –Friday 8am-12pm & 1pm-4pm and Saturday 9am-12pm.

1) LAST NAME: _____ FIRST: _____ MI: _____

2) EASTHAM ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

3) MAILING ADDRESS (if different): _____

TOWN: _____ STATE: _____ ZIP CODE: _____

4) OUT OF TOWN ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

5) PHONE # 'S: HOME: _____ WORK: _____

CELL: _____ OTHER: _____

6) TYPE: ___ SAIL / ___ KAYAK / ___ OUTBOARD / ___ INBOARD / ___ I/O/ ___ FLOAT

7) MAKE: _____ MODEL: _____ LENGTH: _____ COLOR _____

8) BOAT REGISTRATION NUMBER: _____

9) OTHER VESSEL INFO (i.e.- HULL I.D./ SERIAL #/ MFR #): _____

10) MOORING LOCATION (Nearest Access): _____

Waiver of Responsibility

In consideration of this application being accepted I waive and release any and all rights and claims for personal damages against the Harbormaster and the Town of Eastham. I hereby absolve the Harbormaster and his officers from all responsibilities of liability to myself and others or damage to any vessel, equipment, or property. I certify that the information supplied above is the best of my knowledge and belief.

Signature

Date (MM/DD/YYYY)