

Town of Eastham

Harbormasters Office
555 Old Orchard Road
Eastham, MA. 02642



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|------------------|
| Office Use Only: |
| Date: _____ |
| Sticker: _____ |
| Tag: _____ |

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

Eastham Mooring Permit Agreement

To obtain your Eastham Mooring Permit, complete the below agreement and **sign it**. Then submit 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) RESIDENTIAL ADDRESS: _____
TOWN: _____ STATE: _____ ZIP CODE: _____
- 3) MAILING ADDRESS: _____
TOWN: _____ STATE: _____ ZIP CODE: _____
- 4) LOCAL 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): _____
- 11) MUSHROOM INFORMATION (Weight/ Buoy Color): _____
- 12) ENGINE (Make/ Horsepower/ Year): _____

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)