

# Town of Eastham

Office Use Only:  
Date: \_\_\_\_\_  
Sticker: \_\_\_\_\_

Harbormasters Office  
555 Old Orchard Road  
Eastham, MA. 02642

508 240-5972  
FAX 240-6687  
[natres@eastham-ma.gov](mailto:natres@eastham-ma.gov)



## Eastham Freshwater Launch Permit Agreement

To obtain your Eastham Freshwater Launch Permit, complete the below agreement and sign it. Then submit or mail it together with a valid copy of the vessel registration. 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) 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)