

Town of Eastham

Harbormasters Office
555 Old Orchard Road
Eastham, MA. 02642



Office Use Only:

Date: _____

Sticker: _____

508 240-5972

FAX 240-6687

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 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.

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

2) LOCAL ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

3) PERMANENT/MAILING ADDRESS (if different): _____

TOWN: _____ STATE: _____ ZIP CODE: _____

4) EMAIL: _____

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

CELL: _____ OTHER: _____

6) TYPE: ___SAIL / ___OUTBOARD / ___INBOARD / ___I/O

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

8) BOAT REGISTRATION NUMBER: _____ EXPIRATION DATE: _____

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)