

PROPERTY Owner/Resident ONLY to apply

TOWN OF MATTAPOISETT
APPLICATION FOR WHARF AND SKIFF SPACE

_____ FEE PD. _____

NAME _____ DOB _____

ADDRESS _____ PO BOX _____

TOWN _____ STATE _____ ZIP _____

E-MAIL _____

PHONE _____ SUMMER _____ CELL _____

I am a year round resident of Mattapoissett
YES NO

I am a Mattapoissett property owner
YES NO

NON-RESIDENTS, NON PROPERTY OWNERS MUST COMPLETE THE FOLLOWING SECTION:

LOCATION OF PROPERTY OWNED IN MATTAPOISETT _____

(Assessors' Plot & Lot if no structure)

PERMANENT ADDRESS

No. & Street

city

State

Zip

PHONE: Home: _____ Summer: _____ Cell: _____

TYPE OF SPACE REQUESTED

WHARF AGE

SKIFF

SIGNATURE OF APPLICANT _____

Skiff and wharf spaces will be assigned after "Wharf and Skiff Ownership" application has been filed and verified. Boat must be in assigned space fifteen (15) days after receipt of notice of assignment from the Harbormaster/Wharf Commissioner. Skiff space assignments must be accepted or you will be removed from the list for refusing the space offered.

REASON APPLICATION REJECTED: _____

1. _____ 2. _____ 3. _____

ASSIGNMENT OF SPACE #

WHARF

DATE