

TOWN OF MATTAPOISETT
 MOORING INSPECITON CERTIFICATE

DATE: ___/___/___

OWNER INFORMATION

MOORING OWNER: _____ MOORING # _____

ADDRESS: _____ CITY/TOWN: _____

E-MAIL ADDRESS: _____

PHONE #: _____ D.O.B. ___/___/___

MOORING INFORMATION WATER DEPTH AT HIGH TIDE _____

TYPE: _____ WEIGHT: _____ BOTTOM CHAIN: _____ IN. X _____ FT.

MIDDLE CHAIN: _____ IN. X _____ FT. TOP CHAIN: _____ IN. X _____ FT.

PENNANT INFORMATION

DIAMETER: _____ IN. LENGTH: _____ FT. (PENNANT MUST BE SHORTER THAN BOAT.
 40 FT. MAXIMUM)

CHAFE GEAR TYPE: _____ LENGTH: _____ FT.

INSPECTION INFORMATION INSPECTED BY: _____

	SIZE TYPE		IF NEW DATE REPLACED	75% +	50-75%	33%+	BAD
MOORING EYE	WT.	TYPE					
BOTTOM CHAIN	IN. X	FT.					
MIDDLE CHAIN	IN X	FT.					
TOP CHAIN	IN X	FT.					

BOAT INFO

NAME: _____ MANUFACTURE: _____ MS/DOC. _____

YEAR: _____ TYPE: POWER / SAIL LENGTH: _____ WIDTH: _____

DRAFT: _____ WEIGHT: _____

COMMENTS:

PLEASE RETURN FORM TO THE TOWN CLERK'S OFFICE