

APPLICATION FOR WHARF AND SKIFF SPACE

NAME: _____ DOB _____
(Must be name of individual who will own boat)

ADDRESS _____ P O BOX _____ E-MAIL _____

TOWN _____ STATE _____ ZIP _____

I AM A YEAR ROUND RESIDENT OF MATTAPOISETT I OWN PROPERTY IN MATTAPOISETT
YES NO (CIRCLE ONE) YES NO (CIRCLE ONE)

NON RESIDENT PROPERTY OWNERS MUST COMPLETE THE FOLLOWING SECTION

Location of property in Mattapoissett _____
(Assessors plot and lot if no structure on property)

PERMANENT ADDRESS _____
Street and number city state zip

PHONE: Home: _____ Summer _____ Cell _____

TYPE OF SPACE REQUESTED WHARFAGE SKIFF (CIRCLE ONE)

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 _____

Previous Entry