

TOWN OF EASTHAM



OFFICE USE ONLY:

SLIP # ASSIGNED	
AMOUNT RECIEVED	

APPLICATION FOR TRANSIENT DOCKAGE

HARBORMASTER OFFICE
555 OLD ORCHARD ROAD
EASTHAM, MA 02642
TELEPHONE 774-801-0518

To obtain Eastham transient dockage, complete the below agreement and **sign it**. Submit together with a **valid copy of the vessel registration** and a **check** made payable to “**Town of Eastham**” in the amount required.

Submission of this form and payment does not guarantee issuance of dockage.

DATES REQUESTED _____ TO _____

OWNER INFORMATION:

APPLICANT NAME _____ CELL # _____

EMAIL _____

MAILING ADDRESS _____

TOWN _____ STATE _____ ZIP _____

LOCAL ADDRESS _____

TOWN _____ STATE _____ ZIP _____

VESSEL INFORMATION:

VESSEL LENGTH _____ VESSEL WIDTH _____

VESSEL MAKE _____ VESSEL COLOR _____

VESSEL NAME _____ VESSEL REGISTRATION _____

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 _____