



TOWN of EASTHAM

Department of Natural Resources

Department of Public Works

555 Old Orchard Road, Eastham, MA 02642

774-801-0518



Annual Aquaculture Waitlist Renewal Application

Name: _____ Date of application: _____

Permanent address: _____ Mailing address: _____

Home phone: _____ Cell phone: _____

Email: _____

Waitlist renewal location: **Boat Meadow** _____ **Nauset Marsh/Town Cove** _____

Please remove me from the list(s): _____

Please read the following carefully:

The fee for remaining on the aquaculture waitlist(s) is **Fifteen Dollars (\$15) per year per waitlist**. In order to maintain your current position(s) on the waitlist(s), you must fill out and return with a check or money order made payable to the **Town of Eastham** to the **Eastham Natural Resources Department, 555 Old Orchard Road, Eastham, MA 02642**. Renewal applications and payment must be **returned by March 31, annually, or your name will be removed from the waitlist(s)**.

Three (3) of the following must be included for proof of domiciled residency in either the Towns of Eastham or Orleans.

1. A current motor vehicle driver's license;
2. A current motor vehicle excise tax bill issued by the Town;
3. A current real estate tax bill issued by the Town;
4. A current lease/rental agreement of the applicant's residence/domicile in the Town;
5. A current listing on the Town census;
6. Or any other documentation as approved by the Shellfish Constable.

NO P.O. Boxes will be accepted as an address for proof of residency, documents must provide your legal name and physical home address. All 3 proof of residency documents must be submitted for your application to be accepted.

Waiver of Responsibility

I, _____, certify that the above information is correct to the best of my knowledge and belief. I understand that maintaining my name on the waiting list(s) for an Aquaculture Grant includes a fee and the Shellfish Constable will make a reasonable effort to contact me at the above address. Position status is not transferable and shall be restricted to the individual whose signature appears below. Any changes to the above information will be forwarded by me to the office of the Shellfish Constable.

SIGNATURE OF APPLICANT

____/____/_____
DATE