

# TOWN OF EASTHAM

APPLICATION FOR AQUACULTURE GRANTS



APPLICANT	
NAME:	
PERMANENT ADDRESS:	
MAILING ADDRESS:	
HOME PHONE:	
CELL PHONE:	
EMAIL:	

OFFICE USE ONLY	
NUMBER:	
AMOUNT PAID:	
DATE ACCEPTED:	
OFFICER:	

LOCATION	
	BOAT MEADOW
	NAUSET MARSH/TOWN COVE

## WAVIER OF RESPONSIBILITY

In consideration of this application being accepted, I certify that the above information is correct to the best of my knowledge and belief. I understand that the waiting list 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 on the waiting list is not transferable and shall be restricted to the individual whose signature appears below.

Any changes in the above information listed above will be forwarded by me to the office of the Shellfish Constable.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE