

*Office of the Harwich Harbormaster
Squatucket Municipal Marina*

715 Main Street (508) 430-7532
P.O. Box 207 FAX (508) 430-7535
Harwichport, MA 02646 www.town.harwich.ma.us/harbor



Annual Recreational Boat Slip Waiting List Application - Fee \$20

New Application
Application Renewal

Name _____

Addresses: Number & Street (permanent) _____

City _____ State _____ Zip _____

Number & Street (summer) _____

City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cape _____

Type of Boat _____ Length _____ Make (If known) _____

Please specify one desired boat slip size. Renewals cannot jump lists. (check *only one* box)

- Twenty Foot List (less than 24' LOA) Thirty Foot List (24'-34' LOA)
 Forty Foot List (34'- 65' LOA)

e-mail address _____

It is agreed that any person wishing to have his or her name placed on the waiting list(s) must annually before April 1st so advise the Harbormaster in writing and pay him (the Town of Harwich) a fee of \$20. This twenty dollar (\$20) annual fee is non-refundable. It is agreed that the name on the waiting list(s) shall be advanced from year-to-year only if the annual fee is paid. Slip space will be assigned to parties whose names have been on the list longest, as space becomes available. It is further agreed that when a slip becomes available it will be occupied by a boat owned by the person whose name appears on the list. Slip space is non-transferable, other than surviving spouse, and non-subleasable.

I DECLARE UNDER PAINS AND PENALTIES OF PERJURY THAT THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE JUST CAUSE FOR DENIAL OR REMOVAL FROM THE WAITING LIST.

SIGNED UNDER PENALTIES OF PERJURY THIS _____ DAY OF _____,
(day) (month) (year)

SIGNATURE OF APPLICANT _____

Forward application and \$20 fee to the above address and make check payable to Town of Harwich. Or Fax with credit card information below. Time sensitive, renewals must be received by April 1st deadline.

CREDIT CARD DEPOSITS TOTAL DEPOSIT AMOUNT \$ _____ VISA or MASTERCARD

CREDIT CARD #: _____

Expiration _____ Auth. Code (3-digit # located on back of card): _____

The issuer of the card identified on this form is authorized to pay the amount shown as Total Deposit Amount upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.