



MOORING PERMIT # _____

SKIFF/BOAT PERMIT # _____

TOWN OF AQUINNAH MOORING & BOAT/SKIFF PERMIT APPLICATION

YEAR: _____

NAME: _____

ISL ADDRESS: _____ WINTER ADDRESS _____

EMG CONTACT: _____

E-MAIL: _____

PHONE: _____

BOAT NAME: _____

YEAR: _____

Hull Color and Material: _____

Length: _____ Beam: _____ Draft: _____

Sailboat: _____ Outboard: _____ Inboard: _____

Registration #: _____ Expiration Month/Year: _____

HOME PORT: _____

ANCHOR TYPE: _____ ANCHOR SIZE: _____ CHAIN SIZE: _____

CHAIN LENGTH: _____ PENNANT SIZE: _____

PROPOSED LOCATION OF MOORING

AREA: _____

1. Head of Pond 2. Herring Creek 3. Vineyard Sound 4. West Basin

SKIFF DESCRIPTION AND LOCATION

PERMIT #: _____

Type and Color _____

Skiff Name: _____

I agree to abide by the Aquinnah Regulations, State and Federal Rules and Regulations
Concerning the use of and mooring in the waters of the Town of Aquinnah

SIGNATURE: _____