## **Y2K23**

## **TOWN OF WESTPORT**

PERMIT# \_\_\_\_\_

## Harbormaster Department

## **Privately Owned Mooring**

*A copy of your Boat Registation Card mu	this form P.O. Box 337 Westport Point, MA 02791					
Boat Owners Name  Mailing Address  City		Email Address:  Summer Address  City				
StateZip		State	Zip	Email		
Cell Phone Su	mmer Phone		Business			
Name on boat	Length	_Year Built	Make	Power	Sail	_ Aux
State Registration or C.G. Documentation number  Town where boat of				Holding tan	k Y_□_, N	
<ul> <li>The Westport River is a No Dischar</li> <li>For pump-outs call 508-636-1105 (has</li> <li>For emergency assistance hail Westp</li> <li>Slow No Wake buoys are from the F</li> </ul>	ge Zone and free barbormasters office) ort Harbormaster C	oat pump-out se or <u>channel 9 VF</u> Channel 9 or 16	rvice is available fron <u>IF</u> . VHF or <u>Westport Pol</u>	n May through October lice 508-636-1122 or 9	r.	
ooring owners name	Address		C	ity	State_	Zip
	Emergency contact		Telephone			_
Telephone	Emergen	<i></i>				
Telephone  oring type: Disk Cement Mushroom_	_	-	Mooring weight_	lbs.		