



Town of Dartmouth

WATERWAYS MANAGEMENT DEPARTMENT
STEVEN L. MELO, JD. HARBORMASTER/WATERWAYS DIRECTOR
PO BOX 80218 DARTMOUTH, MA 02748
www.dartmouthharbormaster.com
harbormaster@dartmouthharbormaster.com
FAX: (508) 990-7759



Request for Transfer

For an explanation of the requirements for Permitted Mooring use, see the "news" section of our site at www.dartmouthharbormaster.com . Applicants are obligated to comply with all requirements listed.

MOORING PERMITTEE



IMMEDIATE FAMILY MEMBER

Name _____
Address _____
City/Town _____
State _____ ZIP _____
Phone _____
Email _____

Name _____
Address _____
City/Town _____
State _____ ZIP _____
Phone _____
Email _____

I request to transfer my mooring # _____ to my immediate family member listed above.

PLEASE CIRCLE RELATIONSHIP: **SPOUSE** **SIBLING** **PARENT** **CHILD**

VESSEL OF RECORD INFORMATION



REQUESTED VESSEL OF RECORD INFORMATION

Boat Name: _____
Registration/Doc. # (REQUIRED): _____
Length: _____ Draft: _____ Color: _____
Manufacturer: _____ Year: _____
Boat Type: (Check one) Power Sail

Boat Name: _____
Registration/Doc. # (REQUIRED): _____
Length: _____ Draft: _____ Color: _____
Manufacturer: _____ Year: _____
Boat Type: (Check one) Power Sail

I have read the Dartmouth Waterways Rules and Mooring Regulations. I understand that a violation of these regulations may result in forfeiture of my mooring permit and site, especially if monetary consideration is found to have been exchanged for any requested use of this mooring. With this understanding, I request a letter of permission regarding this mooring.

Mooring Permittee Signature _____ Date _____

– OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE –

Request Status: _____ Notes _____
 Approved
 Denied
 Conditionally Approved (see notes)

Signature: _____ Date: _____
Harbormaster / Waterways Director

Scanned Attached Mailed _____/_____/_____