## Charlestown Harbormaster Thomas Toscano



4901 Old Post Road Charlestown, RI 02813

Tel. 401-213-6955 Fax.401-364-1232

## **Mooring Permit Waiting List Applicaion**

## Instructions

• Complete all information below

Residence Address\_\_\_\_\_

• If unable to provide boat data, you must provide proof of boat ownership within 60 days from date of being issued a mooring permit.

First Name

State\_\_\_\_Zip\_\_\_

• One-Time, Non-Refundable \$25 Processing Fee made payable to "Town of Charlestown"

## **Applicant**

Last Name

City/Town\_\_\_\_

Charlestown Address			
Home Phone			_
Email Address			
Boat Data (See instructions)			
Registration State/Number			
Vessel Make	Vess	sel Model	
LengthWi			
Requested Mooring Fiel  1 <sup>st</sup> 2 <sup>nd</sup>	d (May choose up to thr	ee in order of Priori 3 <sup>rd(optional</sup>	ity)
Quonochontaug Pond	Ninigret Pond		
1-1 Quonnie Yacht Club	2-1 Burdick Pla	t	2-8 Arnolda/Loesser Lane
1-2 Sunset Drive/Central Beach	2-2 Moulton Pl	ace	2-9 Arnolda/Boat Cove
1-3 Shady Harbor	2-3 Sunrise Acr	es	2-11 Tockwotten Cove
1-4 Ningret Cove		s Cove/Lavin's Landing	
	2-5 Wildflower		2-13 Quattromani R.O.W
	2-6 Arnolda/Hu	inters Harbor	2-14 Kenyon Cove/Ocean House
			2-15 Fort Neck
Applicant's Signature			_Date
Office Use Only			
Rec ByDat	e		