

TOWN OF BRISTOL
OFFICE OF THE HARBORMASTER
WINTER DOCK PERMIT

SLIP NUMBER _____

*This renewal form must be completed and submitted in the Harbormaster's Office at the time of payment
Payments made in person only.*

WINTER DOCK PERMIT HOLDER'S INFORMATION:

Full Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACT INFORMATION:(This individual should live outside of the dock permit holder's household)

Full Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Vessel Information:

Vessel Name: _____ Document Number _____ Length: _____

Make: _____ Model: _____ Color: _____ Type: _____

Registration Number: _____ Hull Identification Number: _____

Does the vessel have a Marine Sanitation Device? Yes or No

Description of Sanitation Device: _____

COMMERCIAL INFORMATION:

License Number: _____ Commercial Designation for Registration: _____

I, the undersigned, understand that false information or violation of the Rules and Regulation could result in the loss of the dock permit. The applicant hereby swears that all information submitted above is true to the best of his or her knowledge.

Print Winter Dock Holder's Name

Winter Dock Permit Holder's Signature

Date

RATES: Bristol Residents \$150.00 All others \$250.00

BRISTOL HARBORMASTERS OFFICE
10 COURT STREET
BRISTOL, RI 02809
PHONE: 401-253-1700 FAX: 401-253-1706