## **COMMERCIAL SLIP WAITING LIST APPLICATION**



Sandwich Marina 12 Freezer Road PO Box 1393 Sandwich, MA 02563 (508) 833-0808 Shaded areas to be fill out by Harbormaster office only.

Original Application Date/Time

**\*\***\$10.00 for new applicants. ANNUAL RENEWAL FEE: \$20.00

Name:			
Home Address Street, City, State, Zip Code		Home Phone	
Email Address (Required)		Mobile Phone	
Secondary Contact (other than numbers given above)		Contact Number	
Full Slip Categories. Check One Only NOTES		S	
24 ft and less	<ol> <li>Please initial or place "X" in the box to indicating appropriate Wait List Category you desire to be in- cluded to.</li> </ol>		
25 to 29 ft			
31 to 35 ft	<b>**</b> MAKE CHECKS PAYA	BLE TO THE TOWN OF	
36 to 40 ft	SANDWICH OR YOU CAN PAY BY CREDIT CARD		
41 to 50 ft	BY CALLING THE MARINA OFFICE AT (508) 833-0808		
51 ft and over			

**Please Note:** It is the applicant's responsibility to notify the Marina Office of any changes (i.e. mailing address, phone number, email address, etc), failure to do so may result in non receipt of the annual notice for renewal. The Marina is not liable for lost mail and it is the applicant's responsibility to contact the Marina if they have not received the annual renewal by February 15th. Failure to respond/submit payment to the annual renewal will result in removal from the WAITLIST. No appeals will be granted upon removal. This application must be completed in FULL in order to be accepted by the Harbormaster.

I hereby request my name to be added to the Sandwich Marina Commercial WAITLIST as stated above. I understand that slips will be offered on the basis of the application date in which this document was received by the Marina office personnel. Slips will be assigned at the discretion of the Harbormaster and the appropriate wait date. I further agree to abide by the rules and regulations of the Sandwich Marina once awarded a slip.

Date:	Applicant's Signature:
Date:	Authorized Signature: