

# COMMERCIAL WAITING LIST CHANGE FORM



**Sandwich Marina**  
 12 Freezer Road  
 PO Box 1393  
 Sandwich, MA 02563  
 (508) 833-0808  
 ebbasin@sandwichmarina.org

Shaded areas to be fill out by Harbormaster office only.

Change Request Date/Time

Please complete below if you choose to be moved from one waitlist to another.

**Name**

**Home Address: Street, City, State, Zip Code**

**Home Phone**

**Email Address (Required)**

**Mobile Phone**

ORIGINAL WAITLIST	
<i>Full Slip Categories: Check list presently on.</i>	
24 foot and less	<input type="checkbox"/>
25 to 29 foot	<input type="checkbox"/>
30 to 40 foot	<input type="checkbox"/>
41 to 50 foot	<input type="checkbox"/>
51 foot and over	<input type="checkbox"/>

NEW WAITLIST	
<i>Full Slip Categories: Check list to be moved to.</i>	
24 foot and less	<input type="checkbox"/>
25 to 29 foot	<input type="checkbox"/>
30 to 40 foot	<input type="checkbox"/>
41 to 50 foot	<input type="checkbox"/>
51 foot and over	<input type="checkbox"/>

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 March 1. Failure to respond/submit payment for 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 Recreational 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.

*By signing here you are in full understanding you are requesting to move to another category on the wait list.*

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_