



**TOWN OF WARREN
OFFICE OF HARBORMASTER
DOCK SLIP APPLICATION**

COMMERCIAL DOCK

Full Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone (H) _____ (W) _____

Cell Phone _____ Pager _____

Emergency Contact:

Full Name _____

Address _____ City _____ State _____

Telephone (H) _____ (W) _____

Vessel Information:

Vessel Name _____

Document Number _____

Length _____ Make _____ Model _____

Registration # _____ Hull ID# _____

Color _____ Type _____

(Please circle one:) Recreational Use / Commercial Use
Marine Sanitation Device: Yes / No

The applicant hereby swears that all information submitted above is true to the best of his/her knowledge.

Signature Date
