



TOWN OF BRISTOL
OFFICE OF THE HARBORMASTER
RHODE ISLAND
MARINE OUT-HAUL APPLICATION

Received by: _____

Date and Time Received

Applications must be complete.

A \$25 application fee, made payable to the Town of Bristol, must accompany the completed

a

Amount Paid:

LOCATION OF OUT-HAUL:

VIOLATION NUMBER: _____

APPLICANT'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 mooring permit holder's household)

Full Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

VESSEL INFORMATION:

Description of vessel using outhaul: _____

Vessel Name: _____ Length: _____

Model: _____ Color: _____ Type: _____

Registration Number: (if applicable) _____ Hull Identification Number: _____

OUT-HAUL INFORMATION:

Description: _____

Latitude: _____ Longitude: _____

Water Depth: _____ Anchor Type: _____ Length: _____

INSPECTION: Out-Haul Installer / Inspector:

Bristol Harbormasters Office, 10 Court St. Bristol, RI 02809
PHONE: 401-253-1700 FAX: 401-253-1706
EMAIL: jalves@bristolri.u

