



# TOWN OF YARMOUTH



DEPARTMENT OF COMMUNITY SERVICES

NATURAL RESOURCES DIVISION

424 ROUTE 28, 2<sup>nd</sup> FLOOR WEST YARMOUTH MASSACHUSETTS 02673-4713  
Telephone (508) 760-4800 – Fax (508) 760-4805

## TRANSIENT SLIP APPLICATION

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

LOCATION REQUESTED: PACKET LANDING MARINA RECREATIONAL FACILITY

BOAT NAME: \_\_\_\_\_ REGISTRATION/DOCUMENTATION#: \_\_\_\_\_

OVERALL LENGTH: \_\_\_\_\_ W/PULPIT: \_\_\_\_\_ W/SWIM PLATFORM: \_\_\_\_\_

BEAM WIDTH: \_\_\_\_\_ POWER/SAIL: \_\_\_\_\_ DRAFT: \_\_\_\_\_

YEAR/MAKE/MODEL OF BOAT: \_\_\_\_\_

**NOTE: A copy of your current registration/documentation must be included with application.**

NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
P.O. Box or Street City/Town State/Zip

SOCIAL SECURITY #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE #1:( ) \_\_\_\_\_ CELL PHONE #:( ) \_\_\_\_\_

Transient slip fee is \$50.00 per night plus \$25.00 for key deposit and is held until returned. Failure to return the key will result in keeping the deposit and may result in future slip rentals. Slips are available from May 1st to Nov. 15th. Monthly transient slip fee is \$780.00 for the first 23 feet and \$36.00 per foot thereafter not to exceed 30 feet. Payment must be received in full prior to renting slip by personal check, bank check or money order. No cash or credit cards will be accepted.

**ALL** slips have a 30' boat length limit for Packet Landing Marina Recreational Facility. Off-loading Permit Sticker will be issued to those renting a transient slip for 30 or more consecutive days and may be picked up at the DNR office.

In cases of a threat of severe storms, the Natural Resources Director or designee may require immediate removal of all vessels. Vessels may not return until approval is given by the Director or designee. The Harbormaster/Director or designee may have the transient vessel hauled and stored at the owners' expense if payment is not received prior to docking or after such period previously paid for has expired.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_ METHOD OF PAYMENT: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

\_\_\_\_\_  
Harbormaster/Director/Field Supervisor