

TOWN OF ROCKPORT
2015
COMMERCIAL FLOAT APPLICATION

NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE: home _____ work _____

cell _____

EMAIL ADDRESS: _____

RESIDENT OR NON-RESIDENT: _____

BOAT MAKE: _____ BOAT COLOR: _____

BOAT LENGTH: _____ BOAT BEAM: _____

BOAT REGISTRATION #: _____

Date: _____ Signature: _____