



Town of Surry
Mooring Placement Record

☐ Individual ☐ Commercial ☐ Guest ☐ Moored Float

Mooring/Moored Float Owner _____

Resident Address: _____ City _____ St. _____ Zip _____

Non-Resident Address: _____ City _____ St. _____ Zip _____

Home Phone _____ Work Phone _____ Pager/Cell _____

E-mail (voluntary) _____

Emergency Contact _____ Emergency Phone _____

Vessel Name _____ Length _____ Vessel Type _____

Registration or Documentation _____

I understand that I am solely responsible for the safety of my boat, outhaul, dingy/tender and mooring. I am responsible for setting my mooring and consulting the Harbor Master regarding the size and type of mooring as recommended for the safety said boat and adjacent boats. I agree to comply with all State and Federal Harbor and Waterfront Laws, Rules, Regulations and Ordinances.

Signature _____ Date _____

Town Use Only

WATERFRONT LOCATION & INFORMATION:

MAP# _____ LOT# _____
GPS COR. _____
(if applicable)

Carrying Place/Pine s Outhaul Number _____