



**Harbormaster Department  
Town of Dennis, MA  
P.O. Box 2060 South Dennis, MA 02660  
Tel: (508)760-6159 Fax: (508)394-8309**

**SLIP RELOCATION REQUEST FORM – 2017 SEASON**

DATE SUBMITTED: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CURRENT ASSIGNED SLIP NUMBER: \_\_\_\_\_

VESSEL LENGTH OVERALL AND WIDTH: (LOA) \_\_\_\_\_ (WIDTH) \_\_\_\_\_

REASON FOR RELOCATION REQUEST (Please provide as much detail as possible):

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

PREFERRED LOCATION OF NEW SLIP (e.g. East / West side, specific slip, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that no Slip Relocation Request forms will be accepted for the 2017 season if they are received by our office later than 4:00 pm on October 15, 2016. You may refer to the Dennis Waterways Regulations for additional information regarding the relocation process.

RECEIVED BY: _____	DATE: _____
Harbormaster Department	