



Harbormaster Department
Town of Dennis, MA
685 Route 134 South Dennis, MA 02660
Tel: (508)760-6159 Fax: (508)394-8309

SLIP RELOCATION REQUEST FORM 2026

DATE SUBMITTED: _____

NAME OF APPLICANT: _____

PHONE #: _____

EMAIL ADDRESS: _____

CURRENT ASSIGNED SLIP NUMBER: _____

VESSEL LENGTH OVERALL AND WIDTH: (LOA) _____ (BEAM) _____

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

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 2026 season if they are received by our office later than 4:00 pm on October 15, 2025. You may refer to the Dennis Waterways Regulations for additional information regarding the relocation process.

RECEIVED BY: _____ Harbormaster Department	DATE: _____
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