

**EASTPORT PORT AUTHORITY  
BERTHING APPLICATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #(\_\_\_\_)-\_\_\_\_\_

ALTERNATE IN CASE OF AN EMERGENCY:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #(\_\_\_\_)-\_\_\_\_\_

BOAT DATA:

NAME: \_\_\_\_\_  
REGISTRATION: \_\_\_\_\_  
LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_

ENGINE DATA:

(INBOARD/OUTBOARD): \_\_\_\_\_  
FUEL (GAS/DIESEL): \_\_\_\_\_  
TANK SIZE: \_\_\_\_\_ GALLONS

ADDITIONAL FUEL ON BOARD:

TYPE: \_\_\_\_\_ QTY: \_\_\_\_\_

OTHER FLAMMABLE FUELS ON BOARD (PROPANE, CUTTING TORCHES, ETC.)

TYPE: \_\_\_\_\_ QTY: \_\_\_\_\_  
TYPE: \_\_\_\_\_ QTY: \_\_\_\_\_

CITY/TOWN WHERE EXCISE TAX PAID: \_\_\_\_\_

CIRCUMSTANCES WHICH AFFECT BERTHING LOCATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOAT USE: \_\_\_\_\_  
BERTHING PERIOD: \_\_\_\_\_

USE OF EASTPORT FACILITIES GRANTED BY THIS

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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"BERTHING APPLICATION"

**DO NOT WRITE BELOW THIS LINE**

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UPON APPROVAL OF YOUR APPLICATION, YOU WILL BE SENT A COPY OF THIS APPLICATION WITH YOUR ASSIGNED BERTHING LOCATION. INITIAL PAYMENT IS DUE UPON APPROVAL OF APPLICATION AND FUTURE PAYMENTS ARE DUE UPON RECEIPT OF INVOICE.

HARBOR MASTER APPROVAL: \_\_\_\_\_

BERTHING LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT DUE: \_\_\_\_\_

EASTPORT PORT AUTHORITY  
PO BOX 278  
3 MADISON ST.  
EASTPORT, ME 04631  
207-853-4614