

Harbor Waiting List Application
Village of Mamaroneck

Date: _____ Number (office use): _____

Applicant's name: _____

Address: _____

Town: _____ State: _____ Zip code: _____

Telephone Numbers: _____

Please indicate Village of Mamaroneck:

Resident _____ Non Resident _____

Email: _____

Boat Length: _____ Sail or Power: _____

Boat Name (if applicable) _____

Please Specify:

Mooring Space _____ Dock Space _____ Kayak _____

NOTE: All power boats 13' or larger must have boater's insurance.

Please sign below and mail to:

Village of Mamaroneck
Harbor Master's Office
123 Mamaroneck Avenue
Mamaroneck, NY 10543

You can also sign, scan and send via email to cbwong@vomny.org or fax to 777-7744. I certify that the information provided above is true and accurate.

Applicant Signature

Date