

City of Newport

MOORING WAITING LIST APPLICATION

Harbor Department (401) 845-5816

Incomplete applications will not be accepted

1) Applicant's Name:		(One Name per application) D.O.B
Address:		
•		Zip Code:
2) Mailing Address, If Differ	rent from Above:	
3) Phone: Home:	Cell:	Email:
Application F	ee: \$25.00 (Application	Fee will be applied to the first year that you receive a mooring)
There is an annual fee of \$10.0		oring Waiting List. Applicants will be mailed a renewal form in
Choose only <u>one</u> mooring area (If multiple applications are subn		pay an application fee and yearly renewal for each application)
Newport Harbor/Centra	al	Office Use Only
Spindle		Date Received
Brenton/Ida		Time
Point		Ву
	1 11 01	Fee Received
Please sign below and make ch	 _	Newport
Mail to: Harbormaster Depart	ment	
43 Broadway		
Newport, RI 02840		
T4	91994 4 1 4 1 1	
	· -	Newport Harbormaster on any changes to the contact
information. Changes can b	e emailed to: <u>smaria</u>	ni@cityofnewport.com, or mailed to the above address.
I certify that the above provided i refundable.	nformation is true and acc	curate. I also understand that mooring waiting list fees are non
Applicant's Signature		Date

*Please note you need to be 18 years of age or older to be on the waiting list.