

PISCATAQUA BOAT BASIN SEASON LAUNCH PASS PERMIT

Please use pen when completing form

Name of Individual _____ Phone _____

Address _____
Street/PO Town/City State zip

License Plate Number of the vehicle pass will be located on _____ State _____

Number of boats that you anticipate launching with this pass _____

Boat(s) is used primarily used for: Pleasure Commercial

POLICIES GOVERNING THE USE OF THE PISCATAQUA BOAT LAUNCH & SEASON PASS

1. Pass must be located on the inside, lower left-hand corner (driver's side) of automobile windshield.
2. Pass is valid for the calendar year in which it was bought.
3. Pass is valid only on the one vehicle that it was issued to.
4. Pass is non-transferable.
5. Damaged stickers will be replaced free of charge providing remains of the sticker accompany the request for a new pass.
6. Lost stickers are non-refundable and require a new application and fee in order for a new one to be issued
7. This pass entitles the user to unlimited access to the boat ramp, parking area for vehicles and trailers and temporary use of the floats for the purpose of launch and removal during the hours that the facility is open to the public.
8. The floats are for temporary use only and are not to be used to load large amounts of equipment or fishing gear/traps.
9. Alcohol and drug use are strictly prohibited.
10. Failure to observe all posted rules and instructions given by launch ramp attendants will result in the revocation of the launch pass with no refund and future use of the facility for the current calendar year will be prohibited
11. Launch ramp attendants have access to a phone for emergency calls only.
12. The Town of Eliot oversees the operation of the Boat Launch.

I understand and agree to abide by the policies governing the use of the Piscataqua Boat Basin Launch facility as listed above and any and all posted rules at the Piscataqua Boat Basin Facility.

Signature

Date

Office Use Only

Proof of Residency Given Non-Resident

<u>Pass Serial Number</u>	<u>Price Per Pass</u>	<u>Amount</u>
Total Due		

Signature of Municipal Representative Date

Païd Cash Check
Check Number _____

Checks Payable to: Town of Eliot