



TOWN OF BREWSTER, MASSACHUSETTS
NATURAL RESOURCE / SHELLFISH / HARBORMASTER DEPARTMENT

2198 MAIN STREET BREWSTER, MA 02631
PHONE: (508) 896-4546 FAX: (508) 896-8089
SHELLFISH@BREWSTER-MA.GOV

KAYAK / CANOE RACK APPLICATION

Weekly selection box

WEEKLY (For weekly choose your dates below)

Annual selection box

ANNUAL

Table with 3 columns: Month, Dates, and Dates. Rows include MAY, JUNE, JULY, AUGUST, and SEPTEMBER.

VESSEL MAKE & MODEL _____ COLOR _____

LENGTH _____ HULL ID # _____

VESSEL NAME _____

NAME: _____ (Last name) (First Name) (M.I)

WINTER MAILING ADDRESS:

SUMMER MAILING ADDRESS:

(Mailing address)

(Mailing address)

City, State, Zip

City, State, Zip

LOCAL PHONE NUMBER: () _____

ALTERNATE PHONE NUMBER: () _____

KAYAK / CANOE RACK LOCATION (Please check one. If more than one, please submit multiple applications)

PAINES CREEK

MANTS LANDING

UPPERMILL

My signature affixed below will attest that I have read, understand, and agree to abide by the bylaws governing Brewster's beaches and landings. By signing this application I waive and release any and all rights and claims for personal damages against the Habormaster and their assistants to myself and others or damage or theft to my vessel.

SIGNED: _____ DATE: _____