



Jamestown Harbor Office
250 Conanicut Avenue
Jamestown, RI 02835
401-423-7190

RELOCATION REQUEST

Permit Holder: _____ Permit No: _____

Reason for request:

Permit Location: Lat _____ Long _____

Requested Location: _____

Size of Vessel: _____ Type of Vessel: _____

Permit Holder Signature _____

Date _____

Harbor Master Approval Signature _____

Date _____