



**NEW BEDFORD HARBOR DEVELOPMENT COMMISSION**

**P. O. Box 50899**

**New Bedford, MA 02745**

**508-961-3000**

**FAX: 508-979-1517**

NAME  
ADDRESS  
CITY, STATE, ZIP

**DOCKING COMPLIANCE ASSURANCE FORM**

Your docking sticker will be issued upon receipt of all payments and a copy of insurance. Please fill out the form below and sign the Signature Statement and return it to us so we can update our files. It is very important to have this information available in times of emergency.

**THANK YOU**

NAME OF OWNER

TELEPHONE #

ADDRESS

EMAIL

NAME OF PERSON IN CHARGE: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

**(In event of an emergency)**

**Signature Statement**

I \_\_\_\_\_; hereby assert that I have received a copy of the HDC Rules & Regulations and have read the same HDC Rules & Regulations and agree to abide by all terms and conditions of said Regulations, and hereby agree to be personally responsible for the compliance with all the HDC Rules & Regulations and payment of all invoices.

Signature \_\_\_\_\_

Date: \_\_\_\_\_