



Town of Bowdoinham

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www.bowdoinham.com

MOORING INSPECTION REPORT

This certifies that a thorough inspection was conducted on this mooring on the date below. Type of service performed is specified below. Condition of tackle is determined by its actual condition at the time of inspection. Mooring types and weights must be suitable for use as set forth by the Harbor Master.

Owner: _____ **Date:** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **Mooring #** _____

Service Type Performed: Pulled ____ Underwater ____

Service: Inspection ____ Shortshank ____ Replacement ____ New ____

Mooring Type: Mushroom ____ Cement ____ Granite ____

Other (please describe) _____

Heavy Chain: Length _____ Size _____ Condition _____

Light Chain: Length _____ Size _____ Condition _____

Rope: Length _____ Size _____ Condition _____

Pennant: Length _____ Size _____ Non-Floating Line Only

Remarks:

Mooring Inspector Signature: _____ **Date:** _____

Printed Name: _____