



BOROUGH OF ATLANTIC HIGHLANDS

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Atlantic Highlands Harbor Commission

Date: _____

Application For: Please select one

_____ Berth (Power Boats Only)

_____ Mooring (Sailboats only)

_____ Summer Land Storage (26' max. LOA)

_____ PWC Float

Name: _____ Driver's License #: _____

Address: _____ City/Town: _____

State: _____ Zip Code: _____ Email: _____ @ _____

Main Phone: (____) _____ Alt (____) _____

Vessel Information - LOA measurement includes swim platforms, bow pulpits, outdrives/outboards

Check One: Power Boat _____ Sailboat _____ PWC _____

Length Overall (LOA): _____ Beam: _____ Draft: _____ (**Sailboats only**)

Year: _____ Manufacturer: _____ Model: _____

Vessel Name: _____

How did you hear about the Atlantic Highlands Municipal Harbor? Please include name

Website _____ Magazine/Publication _____

Personal Knowledge or Friend _____