

HARBOUR AUTHORITY OF PORT HOOD

119 Murphys Pond Road
P.O. Box 193, Port Hood, NS B0E 2W0

902-302-6207 Email: haporthood@gmail.com

BERTHAGE AGREEMENT # 2025-26-

VESSEL NAME: _____ CFV LIC #: _____

VESSEL LENGTH: _____ VESSEL WIDTH: _____

VESSEL OWNER NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY/LOCAL CONTACT NAME & NUMBER (IF DIFFERENT THAN ABOVE):

NAME: _____ NUMBER: _____

I, _____, accept and agree to follow and abide by the Harbour Authority of Port Hood Policies and Rules of Operation effective _____, 2025, and as outlined in the following pages.

SIGNATURE OF USER

DATE