

COMPLETE & MAIL PRIOR TO APRIL 15, 2018

**2018 PUMPOUT OPERATIONS & MAINTENANCE
GRANT APPLICATION**

Marina Name and Address:

Name(s) of Marina Owner(s):

Name of Contact Person (if different):

Pumpout operation dates, days, and hours:

Telephone Number:

Fax Number:

Email Address:

- Fee currently being charged for a pumpout?
- Fee to be charged if application is approved?
- Depth of water at the pumpout?
- Portable toilet disposal provided?
- Off-season operation?
- Limited overhead clearance?
- Official DNR pumpout sign posted?

(NO MORE THAN \$5.00)	\$	_____
(NO MORE THAN \$5.00)	\$	_____

(Yes) or (No)		_____
(Yes) or (No)		_____
(Yes) or (No)		_____
(Yes) or (No)		_____

AGREEMENT:

As the owner or authorized representative of the above marina, I hereby agree to the Terms and Conditions contained in the 2018 Pumpout Operations and Maintenance Grant Agreement.

Printed Name

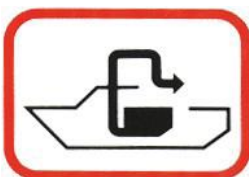
Signature & Date

DNR APPROVAL:

Grant Administrator

Date Approved

Approved for legal sufficiency by the Office of the Attorney General 1/07



**COMPLETE & MAIL TO:
PRIOR TO APRIL 15, 2018**

Pumpout Program
Chesapeake and Coastal Service
580 Taylor Avenue, E-2
Annapolis, MD 21401

DNR USE ONLY		
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