STATE OF MAINE
DEPARTMENT OF CONSERVATION
BUREAU OF PARKS AND LANDS
BOATING FACILITIES DIVISION

NAVIGATIONAL AIDS-ANNUAL REPORT

(To be submitted prior to December 31st each year)

Name of Waterbody:_____Town:_____County:_____

Organization Name: _____

Street Address: _____City/Town: _____State: _____Zip: _____

Current Contact Information (as of ____/_____/200_)

☐ **Check here if there weren't any changes from last years report**

President:_____Phone: _____

Mailing Address: _____

City: _____Zip: _____

E-Mail: _____

Vice President:_____Phone: _____

Mailing Address: _____

City: _____Zip: _____

E-Mail: _____

Buoy Tender:_____Phone: _____

Mailing Address: _____

City: _____Zip: _____

E-Mail: _____

Buoys were installed on:_____
Buoys were removed on:_____

Print Form and Send To:

Please submit this form along with a copy of your inspection reports to:

Navigational Aid Supervisor
1009 Brunswick Road
Richmond, ME 04357
E-MAIL: timothy.thurston@maine.gov
FAX: 207-582-2328