



*Town of Charlestown*  
*PO Box 154*  
*Charlestown, MD 21914*  
*410-287-6173*

*Date* \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Phone #* \_\_\_\_\_

*Boat Registration #* \_\_\_\_\_

*Trailer Tag State* \_\_\_\_\_ *#* \_\_\_\_\_

*Office Use*

\_\_\_\_\_ *In State Fee \$25.00*      \_\_\_\_\_ *Check #* \_\_\_\_\_      \_\_\_\_\_ *Cash*

\_\_\_\_\_ *Out of State Fee \$75.00*      \_\_\_\_\_ *Check #* \_\_\_\_\_      \_\_\_\_\_ *Cash*

\_\_\_\_\_ *Verification of Boat Registration*

\_\_\_\_\_ *Verification of Trailer Registration*