



**TOWN OF WESTPORT
CONSERVATION DEPARTMENT
TOWN HALL – 110 MYRTLE AVENUE
WESTPORT, CT 06880
(203) 341-1170 FAX (203) 341-1088
MARINE POLICE (203) 454-6151**

**COCKENOE ISLAND CAMPING PERMIT
2009 SEASON**

CAMPSITE: #1 _____ #2 _____ #3 _____ #4 _____

NAME OF APPLICANT: _____

ADDRESS: _____

TOWN/CITY: _____

PHONE NUMBER: _____

DATES: (Maximum of 7 Days): _____

NAMES OF THOSE OCCUPYING CAMPSITE: (Limit of 5 per campsite)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

CAMPSITE MUST BE OCCUPIED BY 9 P.M. OR IT SHALL BE FORFEITED, AND CAN BE REASSIGNED BY THE CARETAKER OR MARINE POLICE.

**FEE IS \$10.00 PER NIGHT AND IS NON-REFUNDABLE.
RAIN DATES WILL NOT BE ISSUED.**

OVERNIGHT PARKING AND LAUNCHING OF BOATS IS PROHIBITED AT THE SAUGATUCK SHORES CANAL PARKING AREA.

OVERNIGHT PARKING IS PERMITTED AT THE STATE BOAT RAMP. PORTABLE LATRINES ARE REQUIRED PURSUANT TO STATE LAW (MARINE POLICE WILL CHECK).

YOU MUST BRING THIS PERMIT WITH YOU SO THAT IT MAY BE PRESENTED UPON REQUEST. IF YOU NEED ASSISTANCE, CALL THE WESTPORT POLICE DEPARTMENT AT 341-6000.

The Town of Westport is not responsible for injuries or damage incurred by campers or their guests while on Cockenoe Island. By applying for and accepting this permit, the holders and guest recognize that conditions in camping and along shorefront areas may contain hazards such as holes, uneven ground, and drop-offs indigenous to natural environments. By camping within Westport's jurisdictional boundary, the holder and guests agree to assume all risks and liabilities inherent in this activity, including, but not exclusively, those flowing from natural and man-made hazards of Westport's coastal and camping areas. By accepting this permit, the holder and guests acknowledge the existence of such hazards and dangers, and agree that the Town of Westport is not responsible for any damage or injury incurred while camping within Westport's jurisdiction.

I have read the above, understand its contents, and agree to abide by its liability waiver.

Further, I have received a copy of the Cockenoe Island ordinance and agree to abide by the conditions set forth in said ordinance.

NAME	SIGNATURE OF APPLICANT	DATE
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APPROVED: _____
CONSERVATION DEPARTMENT OFFICIAL **DATE**

**NOT VALID UNLESS SIGNED BY APPLICANT
AND APPROVED BY
CONSERVATION DEPARTMENT- TOWN OF WESTPORT, CT**