



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner

DIVISION OF SAFETY SERVICES

31 Dock Road, Gilford, New Hampshire 03246-7627

AQUA-THERM REGISTRATION
(Pursuant to RSA 270:34)

Owner's Name: _____

Winter Address: _____

Phone number: Days: _____ Evenings: _____

Summer Address: _____

Phone number: Days: _____ Evenings: _____

Contact Person (if other than owner)

Name: _____

Winter Address: _____

Phone number: Days: _____ Evenings: _____

Summer Address: _____

Phone number: Days: _____ Evenings: _____

Location of Aqua-therm

Body of Water: _____

Other Directions: _____

Number of aqua-therms: _____ Type of aqua-therm: _____

Amount and area of ice to be opened: _____

Fee (\$.50): Total Paid: _____ Date of Issuance: _____

Town Clerk: _____