

STATE OF NEW HAMPSHIRE

Department of Safety

Richard M. Flynn, commissioner

DIVISION OF SAFETY SERVICES

31 Dock Road, Gilford, NH 03246-7627

Owner's Name: _____

Winter Address: _____

Phone Number Days: _____ Evenings: _____

Contact Person (if other than owner)

Name: _____

Owner's 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 of Area of Ice to be Opened: _____

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

Town Clerk: _____