



Pen Relocation Request

Vessel Accommodation - Maritime

When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Maritime facility

Customer details

First name: _____ Surname: _____

Address: (Optional) _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Vessel details

Vessel type: _____ Identification number: _____

Vessel length overall: _____ Width: _____ Draft: _____

Relocation details

Current pen: _____ Request to move to: _____

Reason for relocation:

Conditions

- Payment of any outstanding or associated fees must be submitted prior to relocation.
- Relocation is at the sole prerogative of the Harbour Management.
- Harbour Management reserves the right to refuse this request without further consultation.
- Applicants for relocation will not be accepted until the requested pen has been vacated.

Declaration

Signature: _____ Date: _____

OFFICE USE ONLY

Vessel currently registered and in pen holder's name

HIN

Extra fee paid (if applicable)

Approved by: _____ Date: _____

Relocated to (pen number and date): _____

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