



State of Rhode Island
Coastal Resources Management Council
 Oliver H. Stedman Government Center
 4808 Tower Hill Road, Suite 3
 Wakefield, RI 02879-1900

(401) 783-3370
 Fax (401) 783-2069

CRMC AQUACULTURE LEASE TRANSFER REQUEST FORM

File Number: _____

CURRENT LEASEE INFORMATION:

Leasee(s): _____
 Mailing Address of Leasee(s): _____
 City/Town of Aquaculture Site: _____
 Location of Site: _____
 Waterway: _____

TRANSFER INFORMATION:

Name of Requestor: _____
 Mailing Address: _____
 Telephone Nos: Home: _____ Cell: _____
 Fax: _____ Email: _____

NOTE: The applicant acknowledges by evidence of their signature that they have reviewed the Rhode Island Coastal Resources Management Program, and have, where possible, adhered to the policies and standards of the program. The applicant also acknowledges by evidence of their signature that to the best of their knowledge, the information contained in the application is true and valid. The filing of false information can result in the Coastal Resources Management Council revoking the state assent.

Signature: _____ Date: _____

SEE REVERSE SIDE FOR INSTRUCTIONS

AQUACULTURE LEASE TRANSFER APPLICATION CHECKLIST

- **** FILING FEE: **\$100.00**
- **** Notarized **Bill of Sale** or Notarized **Letter of Transfer**
- **** **Operations plan from Transfer Recipient**
(Please contact Aquaculture Coordinator for content)

Mail the above information to:

**Attn: Applications Coordinator
Coastal Resources Management Council
Oliver Stedman Government Center
4808 Tower Hill Road; Suite 3
Wakefield, RI 02879**