



**State of New Hampshire**  
**DEPARTMENT OF SAFETY**  
 John J. Barthelmes, Commissioner  
**Division of Safety Services**



31 Dock Rd., Gilford, New Hampshire 03249-7627

## 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: \_\_\_\_\_