

**TOWN OF DUXBURY
COMMERCIAL
SHELLFISH REPORT 2011**

WEEK Monday _____ Sunday _____

Please note: week begins Monday end Sunday

Please submit report to: catchreport@duxburyharbormaster.org
Or mail to: Harbormaster Dept 878 Tremont St Duxbury Ma 02332

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TOWN LICENSE # _____

STATE LICENSE # _____

SPECIES HARVESTED: _____

WEEKLY AMOUNT HARVESTED BUSHEL: _____

SIZE OF SHELLFISH & PERCENTAGE: _____

AREAS HARVESTED: _____

DATES OF HARVEST ACTIVITIES: _____

CONDITION OF HARVEST AREA: _____

NAME OF MARKET SOLD: _____

ADDRESS: _____

By checking this box you swear or affirm under the penalty of perjury that the above information provided is true and correct.

DATE: