

**TRUSTEES OFFICE**

**LOCATION:**  
240 West Montauk Highway  
Hampton Bays, NY 11946



CP-15723 (1/24)  
[WWW.SOUTHAMPTONTOWNNY.GOV/TRUSTEES](http://WWW.SOUTHAMPTONTOWNNY.GOV/TRUSTEES)

**PHONE:** 631 287-5717

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**BOARD OF TRUSTEES**  
OF THE FREEHOLDERS AND COMMONALTY OF THE  
TOWN OF SOUTHAMPTON

**FISH TRAP/FYKE APPLICATION**

**CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

- \_\_\_\_\_ **Application**
- \_\_\_\_\_ **Copy of Proof of Residency (provide ONE of the following residency requirements)**
  - Driver's license with a Town of Southampton Street Address
  - A current tax bill with the applicant's name listed in the owner's box
    - *If the tax bill is in a corporation or LLC, please supply Articles of Incorporation or LLC documentation*
  - Three (3) utility bills service to a street address in the township
    - *One current, one from six months ago, and one from a year ago*
- \_\_\_\_\_ **Current NYS DEC Food Fish License**
  - \* This license must have a street address within the Town of Southampton
    - *P.O. Boxes are not acceptable*
- \_\_\_\_\_ **GPS Coordinates of fish trap/fyke location**
  - \* Please use either google maps to obtain GPS coordinates OR a handheld GPS
- \_\_\_\_\_ **Map of waterbody with proposed mooring location marked with an X**

**\*Please fill out one application for EACH Fish Trap or Fyke\***

**APPLICANT INFORMATION:**

**Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Alt. Phone #:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**FISH TRAP/FYKE INFORMATION:**

**Type of Application (CHECK ONE):** \_\_\_\_\_ **Fish Trap** \_\_\_\_\_ **Fyke**

**Waterbody:** \_\_\_\_\_ **Hamlet Location:** \_\_\_\_\_

**Location (DESCRIPTION BASED ON STREETS AND LANDMARKS):** \_\_\_\_\_

**GPS Latitude:** \_\_\_\_\_ **GPS Longitude:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_