

WINTERIZATION REQUEST FORM

THIS FORM MUST BE FILLED OUT & SIGNED BY ALL CUSTOMERS

Email form to: midlanticmarincenter@gmail.com Fax: (302) 436-8436 Mail to: 36624 DuPont Blvd, Selbyville, DE 19975

Name: _____

Requested Haul-Out Date & Time: _____

Address: _____

(Haul Out Times: 9:00, 11:00, 1:00, 3:00) (Not Guaranteed. Please call to confirm)

Daytime Phone#: _____

(No Sundays or Mondays)

*EMAIL ADDRESS: _____

Boat Make & Model: _____

Requested Ramp: _____

Boat Size: _____ Engine: _____

YES NO (Please Check YES or NO For Each Item Below)

Haul-Out: Customer's Trailer: _____ MMC Trailer: _____

Power Wash Bottom: (Required if boat is left in water) _____

Winterization of Engine _____

Winterize Water System: (Sink, shower, fish boxes, etc.) _____

Shrink Wrap (Due to disposal rules there is a \$1.00/ft. fee for shrink wrap removal in the Spring) _____

Mildew Bags: Recommended with Shrink Wrap to help prevent moisture/mildew (Automatically included (\$20) with shrink wrap unless otherwise specified) _____

Outside Storage _____

Water Pump/Termostats: If not replaced in past 2 years, do you want them done at this time? (Recommended!) _____

Additional Requests: _____

NOTE: Customer is required to have their own insurance on vessel. Midlantic Marine Center not to be held responsible for loss or damage in case of fire, theft, accident, inclement weather, animals or any other causes beyond our control. Customer is required to remove all food/snacks/drinks and trash from the boat!

Customer Signature (Required)

Date (Required)

***ALL FUTURE CORRESPONDANCE WILL BE EMAIL ONLY (Invoices, receipts, etc.) If you have any questions, please contact the office**