

WINTERIZATION REQUEST

**** Please fill out completely & return as soon as possible**

Customer: _____

Request Haul-Out Date: _____

Address: _____

CALL to CONFIRM (No Sundays or Mondays)

Daytime phone #: _____

Requested Ramp: _____

Cell #: _____

Boat/Make/Model: _____

E-Mail: _____

Boat Size: _____ Engine: _____

YES NO (Please check YES or NO for every item below)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Haul-Out: Customer's Trailer: _____ MMC Trailer: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Power Wash Bottom: (Required if left in water) |
| <input type="checkbox"/> | <input type="checkbox"/> | Winterization of Engine |
| <input type="checkbox"/> | <input type="checkbox"/> | Winterize Water System: (sink, shower, fish boxes, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Shrink Wrap: (MMC Not Responsible for Covers/Boats if not Shrink Wrapped)
<i>Due to new disposal rules there will be a \$1.00/ft. fee for shrink wrap removal in the Spring</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Mildew Bags: (Recommended with Shrink Wrap to prevent mildew) |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage: (Outside: _____ Inside: _____)
<i>Note: Limited number of inside storage spaces available (\$100 deposit required) –please see Fall Flyer</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Pump/Thermostats: If not replaced the past 2 years, do you want them done at this time? (Recommended!) |

ADDITIONAL REQUESTS:

Note: Customer 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 or any other causes beyond our control.

Customer Signature (Required)

Date (Required)