

WINTERIZATION REQUEST FORM

THIS FORM MUST BE FILLED OUT & SIGNED BY ALL CUSTOMERS ***(THIS FORM MUST BE RECEIVED BEFORE SCHEDULING)***

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

Name: _____ Requested Haul-Out Date & Time: _____ (No Sundays/Mondays)
Address: _____ (Available Times: 9:00, 11:00, 1:00, 3:00) *(Requests not guaranteed confirmation will be emailed)*
Phone#: _____ ***CHECK TIDES AT YOUR RAMP & SCHEDULE ACCORDINGLY***
*EMAIL: _____ * Requested Ramp: _____
Boat Make/Model: _____ Boat Size: _____ Engine: _____

YES	NO	(Please Check YES or NO for each item below)	*KEY MUST BE ON BOAT \$50 FEE IF KEY MISSING*
☐	☐	Haul-Out: Customer's Trailer: _____	MMC Trailer: _____
☐	☐	Power Wash Bottom: (Required if boat is left in water)	
☐	☐	Shrink Wrap <i>(Due to disposal rules there is a \$1.00/ft. fee for shrink wrap removal in the Spring)</i>	
☐	☐	Mildew Bags: Recommended with Shrink Wrap to help prevent moisture/mildew <i>(Automatically included (\$25) with shrink wrap unless otherwise specified)</i>	
☐	☐	Outside Storage	
☐	☐	Winterization of Engine	
☐	☐	Winterize Water System: (Sink, shower, fish boxes, etc.)	
☐	☐	Water Pump/Thermostats: If not replaced in past 2 years, do you want them done at this time? <i>(Recommended!)</i>	

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