

WINTERIZATION REQUEST FORM

THIS FORM MUST BE FILLED OUT & SIGNED BY ALL CUSTOMERS

Email form to: midlanticmarinecenter@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:** _____

Requested Ramp: _____

Boat Make & Model: _____

Boat Size: _____ Engine: _____

YES NO (Please Check YES or NO For Each 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 boat is 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 <i>(Due to disposal rules there is 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 help prevent moisture/mildew <i>(Automatically included (\$20) with shrink wrap unless otherwise specified)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Outside Storage |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 CORRESPONDANCE WILL BE EMAIL ONLY (Invoices, receipts, etc.) If you have any questions, please contact the office**