



REPAIR ORDER NO: _____

Ph: 705-549-2004
service@hindsonmarina.com

SERVICE REQUEST

DATE OF REQUEST:

CUSTOMER LAST NAME

CUSTOMER FIRST NAME

EMAIL ADDRESS

BEST DAYTIME PHONE NO.

KEY LOCATION

SLIP LOCATION OF BATTERY SWITCHES

MAILING ADDRESS

CITY POSTAL CODE

VESSEL YEAR

VESSEL MAKE/MODEL

ENGINE(S)

REASON FOR SERVICE REQUEST / BRIEF DESCRIPTION OF COMPLAINT:

NEXT PLANNED USE OF VESSEL

STAFF MEMBER TAKING REQUEST

TERMS:

I hereby authorize repair work to be completed, along with necessary materials. An express mechanics lien is hereby acknowledged to secure the amount of repairs.

PRINT NAME

X

SIGNATURE

DATE

PLEASE SUBMIT TO SERVICE DEPARTMENT