HINDSON MARINA INC.
Penetanguishene, Ontario

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