



Service Request

Request: Service Launch Haulout

Office Use:

Customer Information			
Owner Name: _____	Spouse/Partner: _____		
Address: _____	City, State, Zip: _____		
Mobile Phone: _____	Home Phone: _____	Work Phone: _____	
Email 1: _____	Email 2: _____		

Boat Information			
Boat Name: _____	<input type="checkbox"/> Powerboat or <input type="checkbox"/> Sailboat		Slip #: _____
Year: _____	Make: _____	Model: _____	<input type="checkbox"/> Single or <input type="checkbox"/> Twin Engine <input type="checkbox"/> Diesel or <input type="checkbox"/> Gas Engine
Length: _____	Beam: _____	Draft: _____	Weight: _____ Hull #: _____
Engine 1 Make: _____	Engine 1 Model: _____	Engine 1 S/N: _____	
Drive 1 Make: _____	Drive 1 Model: _____	Drive 1 S/N: _____	
Engine 2 Make: _____	Engine 2 Model: _____	Engine 2 S/N: _____	
Drive 2 Make: _____	Drive 2 Model: _____	Drive 2 S/N: _____	
Gen Set Make: _____	Gen Set Model: _____	Gen Set S/N: _____	
Boat Combination Lock Code: _____		Or Key Location: _____	
Launch <input type="checkbox"/> Or Haul <input type="checkbox"/> My Boat The Week Of: _____		I Will Be Present The Day Of: _____	

Trailer, Cradle and Stand Information			
Will You Be Storing With Us? <input type="checkbox"/> Yes	Is Cradle Transport Required From An Area Marina? <input type="checkbox"/> Yes	Location: _____	
Does Your Boat Use A <input type="checkbox"/> Trailer <input type="checkbox"/> Cradle or <input type="checkbox"/> Stands	If Stands, Do You Own Them? <input type="checkbox"/> Yes	# Owned: _____	
If You Need Stands, Would You Like To <input type="checkbox"/> Rent Or <input type="checkbox"/> Buy Them		# Of Stands Needed: _____	

Additional Information and/or Services Required

I have read, understand, and authorize the above services to be completed by the Knife River Marina.

Signature: _____	Date: _____
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