



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: _____ Powerboat or Sailboat Slip #: _____
 Year: _____ Make: _____ Model: _____ Single or Twin Engine Diesel or 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 Or Haul My Boat The Week Of: _____ I Will Be Present The Day Of: _____

Trailer, Cradle and Stand Information

Will You Be Storing With Us? Yes Is Cradle Transport Required From An Area Marina? Yes Location: _____
 Does Your Boat Use A Trailer Cradle or Stands If Stands, Do You Own Them? Yes # Owned: _____
 If You Need Stands, Would You Like To Rent Or 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:** _____