



SERVICE DEPT. WORK REQUEST FORM

Date:	
Owner Name:	
Daytime Phone:	
Boat Name:	
Slip/Boat Local:	

	T & M	OR Quote
Requested Due:		
Contact By Date:		
Ok to Text		

CUSTOMER INFORMATION

Street:	
City/St/Zip:	
Email:	
Boat Info:	
Credit Card on File	☐

Regular Scheduled Labor Rate - \$140/HOUR
Immediate/Crisis Labor Rate - \$164/HOUR
Offsite Labor Rate - \$154.00/HOUR

WORK REQUESTED: as detailed as possible

CUSTOMER SIGNATURE: _____

Employee/Contact: _____