

## **BULLFROG HOUSEBOAT MANAGEMENT**

## **WORK AGREEMENT**

Boat name	Make		
Key location	Length		
	Slip #		
CONTACT FOR WORK AUTHORIZATION			
	Contact (Please Print)		
Name			
Address			
Phone # (H)	(W)		
(Cell)	Fax #		
Method of payment			
Credit Card type		CVV:	
Credit card #		Exp:/	
Services to be provided			
Date to be Completed by_	_//_ Is the boat Vented _	(pump out only)	
Fill Water Clean Int Clean Ext			
Pump Out _	Fuel Pilot Propa	ne	
→ Authorized Signature:	Dat	e:	

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