WAHWEAP MARINA SERVICES Service Dept. (928) 645-1037; Office (928) 645-1027; Fax #928-645-1061

SERVICE REQUEST FORM

	WO #
METHOD O	F PAYMENT
(No services will be provided without method o	f payment and signed authorization in advance)
Credit Card #	Exp. Date:
Name on Credit Card:	(If corporation
Name on Credit Card: credit card, or card 'on file', service requestor verifications.	es, by signature below, that he/she is authorized -
i.e., his/her name is ON THE CARD - to charge to the (or)	at credit card)
Charge to my Wahweap Marina Open Accou	
	Slip/Buoy long-term rental account)
Required Deposit of \$ w	ill be charged upon authorization of work requested
AUTHORIZED SIGNATURE:	DATE:
Name	Phone
(Please Print)	
Email Address	
OK	
Mailing Address	
Mailing Address Street / P.O. Box City	y State Zip
Boat Name or Description	Boat Location
Location of Boat Keys	
Make of BoatEngine Make/Ty	oeGen Make/Size
Dates & Times Boat Available for Requested Service	:
Date & Time Requested Services Need To Re Compl	eted:
SERVICES REQUESTED: (Please Circle Service MINIMUM	
Mechanical: (a \$2.00 NPS Environmental Fee will be added	to each mechanical work order)
Misc. Repairs Oil Changes Tune-u	
<u>Pilot Services</u> : Septic Pump Fuel Water Pilo	t In/Out Tow Salvage Anchor On Lake Taxi
Misc.: Cleaning Propane Dockhar	nd Service Scavenger Other:
Comments/Describe Problem in Detail:	

For Office Use Only: Received By: _____ Date: _____

Approved By:______ Date:_____