

ROBERTS COVE BASIN, LLC
BOAT STORAGE REQUEST 2019-20

Boat Owner Name: _____ Date: _____

Contact Information:

Email: _____

Main phone number: _____ Cell Phone? _____

Winter/Billing Address _____

City, State, Zip _____

Boat Information:

Name or type of boat: _____

Inboard? _____ Outboard? _____ Sail/Power: Yes No

Center Board? _____ Keel? _____ Depth from bottom of boat in feet _____

Reg. (Bow) number: _____

Length: _____ Beam _____ Height _____ (Feet and Inches)

Storage Information: Inside? _____ Outside? _____

Winterization: Yes: _____ No: _____ Summerize? Yes: _____ No: _____

You may remove my boat from the water as of: _____ From Slip # _____ or

I will deliver:

I would like Roberts Cove Basin, LLC to pick my boat up:

Address _____

I will expect to have my boat available by _____ 2020

Return to Owner: _____ Slip #: _____

- I have read the Watercraft Storage agreement and agree to its terms.**
- I have received a copy of Preparing Your Boat for Winter Storage.**
- I authorize Roberts Cove Basin, LLC to perform services as noted on attached form.**
- I authorize Roberts Cove Basin, LLC to place my boat in storage.**

Owner -
Signed _____

Printed Name of
owner _____

Marina Rep.
-Signed _____

Printed Name of
Manager _____

**ROBERTS COVE BASIN, LLC
BOAT STORAGE REQUEST 2019-20**

Estimated Charges:

(Pricing sheet Attached)

Storage: \$ _____

Other: \$ _____

Shrink wrap: \$ _____

Winterization: \$ _____

Summerization \$ _____

TOTAL: \$ _____

Payment will be invoiced as follows:

\$100 dollars will be due upon leaving the boat and/or storage agreement. The MARINA will bill for the remaining amount immediately after the winterization is complete and the boat has been placed in storage. 50% of the bill will be due at the time the invoice is issued and the remaining bill will be due 30 days later