

Customer Signature:

Repair Order Request Form

2053 Campbell Rd. West Kelowna, BC V1Z 1S9 Phone: 250-765-3995 Toll Free: 1-800-663-4737

Customer Name:				Date of Request: _	
Email Address:				Phone: _	
				ease leave key in ignition	
Moorage Location:	күс	SBM	Other	:	Slip #:
Key Location:					
Vessel Information					
Year:		Make:		Model: _	
Engine(s):				Colour: _	
Description of Reques	t:				
After Repairs are Completed I would like my vessel:					
Returned to Moo	rage Slip: □	To be Picked	Up: 🔲	Taken to Storage:	Call when Complete:
Date of Next Planned Use:					
_			_		
	I hereby author	rize for repairs to l	be perform	ed as described above	
	I wish to be con	ntacted with an es	timate pric	or to repairs performed	
waterways or elsewhere for th	repair work to be done e purpose of testing also understood tha	, inspection or deliver a t you will not be held re	t my risk. An e sponsible for l	empress mechanic's lien is acknowle	rate the unit herein described on any edged on the above unit to secure the s left in or with the unit) in case of fire,