

# Spicer's Marina

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Noank, CT 06340  
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# SERVICE REQUEST SHEET

Please complete all information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Cell/Work/Home): \_\_\_\_\_ Email: \_\_\_\_\_

### Boat Information

Boat Name: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ LOA: \_\_\_\_\_

### Engine(s)

Make: \_\_\_\_\_ Year: \_\_\_\_\_ # of Engines: \_\_\_\_\_ # of Cylinders: \_\_\_\_\_ HP: \_\_\_\_\_  Gas  Diesel

If Outboard:  2 Stroke  4 Stroke **Key/Combo** \_\_\_\_\_ **Boat Location:** \_\_\_\_\_

Description of work to be done

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**MECHANICAL WORK REQUESTED FOR BOATS OLDER THAN 2000 WILL BE REVIEWED BEFORE REQUEST IS ACCEPTED. IF ANY VESSEL IS CONSIDERED UNSAFE, NO WORK WILL BE STARTED UNTIL SAFETY ISSUES ARE RESOLVED.**

I hereby authorize work to be done as requested on this sheet with any necessary parts, to be charged at regular prices. I agree to pay cash on completion of work or on satisfactory terms to you and until paid in full, it shall constitute a lien on this vessel. I further agree that Spicer's not be held responsible for vessel or articles left in vessel. Vessel may be operated by Spicer's for test at owner's risk.

Authorized Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Office Use