

**THE BOAT DOC MARINE SURVEYS**

**SURVEY REQUEST FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF SURVEY: Prepurchase: \_\_\_ Insurance: \_\_\_ Other: \_\_\_\_\_

NAME OF VESSEL: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

TYPE OF VESSEL, Sail: \_\_\_ Power: \_\_\_

MODEL: \_\_\_\_\_

LENGTH: \_\_\_\_\_ in feet

YEAR: \_\_\_\_\_

LOCATION: \_\_\_\_\_

POWER: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

DATE/TIME OF SURVEY: \_\_\_\_\_

Signature of person requesting survey: \_\_\_\_\_