
BOAT REPAIR ENTRY FORMS

City of Grosse Pointe Farms
Department of Parks and Recreation
Pier Park

DATE _____

Date of Repairs _____

Estimated Time of Arrival _____

Boat MC- _____

Boat Well Number _____

Boat Owner's Name _____

Address _____

Zip _____

Phone Number ~ Home _____

Work _____

Other Phone Numbers _____

SECTION TWO ~ Boat Repair Authorization

Name of Repair Company _____

Address _____

City _____

Zip _____

Phone Number _____

Other Number _____

Boat Owner's Signature _____

FOR THE CITY

Signature _____

Date _____
