

South Florida Dock Rentals Services



Dock Survey Form

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Rental Preference: ___ Daily ___ Weekly ___ Monthly ___ Annually

Dock Size: _____ feet Largest Vessel Suitable: _____ feet

Water: ___ (Y/N)

Electricity: ___ 110v ___ 220v

___ 30 Amp ___ 50 Amp ___ 100 Amp

Draft Dockside: _____

Suitable for Power Boats: _____ Suitable for Sailboats: _____

Boat Owner Traffic Restrictions: ___ None ___ Yes Comments _____

Fixed Bridges: ___ (Y/N) If yes, estimated height at high tide: ___ (feet)

Ocean Access: ___ (Y/N) If yes, estimated time to the ocean: ___ (minutes)

If lake access, Fishing: _____ (Y/N) Water Skiing: _____ (Y/N)

Dock Location (if different than address above):

Street Address: _____

City: _____ State: ____ Zip: _____