

South Florida Dock Rentals Services



Vessel Survey Form

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Vessel Name: _____

Registration/Documentation ID: _____ Flag: _____

Vessel Type: _____ Power: _____ Sailboat: _____

Convertible: _____ Express: _____ Motor yacht: _____

Rental Preference: ___ Daily ___ Weekly ___ Monthly ___ Annually

Vessel Size: _____ feet Vessel Draft: _____ feet Vessel Height: _____ feet

Water Required: ___ (Y/N)

Electricity Required: _____ 110v _____ 220v

_____ 30 Amps _____ 50 Amps _____ 100 Amps

Traffic Estimates: ___ Occasional ___ Moderate ___ Live aboard

Ocean Access: _____ (Y/N) Max tolerable time to the ocean: _____ (mins)

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

Desired Location (County/ City/Region):
