

**PORT  
MILFORD**  
**CONTRACT 2022**

164 Rogers Avenue, Milford, CT 06460    Phone: (203) 877-7802 Fax: (203) 301-2221    Email: office@portmilford.com

OWNER \_\_\_\_\_ BOAT NAME \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph# \_\_\_\_\_

Boat Make/Model \_\_\_\_\_ Yr \_\_\_\_\_ Reg/Doc# \_\_\_\_\_ Length \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

Engine Make/Model \_\_\_\_\_ Eng Qty \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Current Boat Location \_\_\_\_\_ Key Location/Combo \_\_\_\_\_

Please (X) Check below:

CONTRACT TYPE:            ( ) Annual                            ( ) Seasonal

SEASON:                    ( ) Summer                            ( ) Winter

TYPE:                        ( ) Slip                                ( ) Rack                                ( ) Land

( ) Inside ( ) Outside            ( ) Outside ( ) Inside

ELECTRIC SERVICE:        ( ) 50 AMP                            ( ) 30 AMP

PREMIUM END/T-HEAD SLIP: ( ) Request

\*if you are not a current End/T-Head Customer please call the Office to verify availability (203) 877-7802

Additional Items:

( ) Dinghy: Name \_\_\_\_\_ Make/Model \_\_\_\_\_ Reg# \_\_\_\_\_

( ) Trailer: Make/Model \_\_\_\_\_ Reg# \_\_\_\_\_

**Note: All dinghy's and trailer's must be CLEARLY marked with customer name and registered with the office or they will be removed at the owner's expense.**

Additional Comments: \_\_\_\_\_

<b>SUBTOTAL</b>	\$ _____
<b>PREMIUM REQUEST</b>	\$ _____
<b>ADD ONS (Elec. Serv., Dinghy, Trailer)</b>	\$ _____
<b>ENVIROMENTAL FEE 1.5%</b>	\$ _____
<b>CT SALES TAX (SUMMER ONLY)</b>	\$ _____
<b>TOTAL CHARGES</b>	\$ _____

**\*Rate Sheet for corresponding pricing**

PAYMENT SCHEDULE: **ANNUAL & SUMMER**-First payment of 50% and completed contract is due no later than 1/30/2022. Final Payment due before 3/15/22. Storage fees made payable to: PORT MILFORD.

Mastercard, VISA, Discover, AMEX# \_\_\_\_\_ Exp \_\_\_\_\_ CVC \_\_\_\_\_

Owner and/or representative acknowledge having received, read and understood the terms and conditions and rates herein set forth and agree to abide by the same.

Owner or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Port Milford Representative \_\_\_\_\_ Date \_\_\_\_\_