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## **SERVICE ORDER**

Address		Date:			
11dd1c55.		City, State, Zip:			
Telephone (H):	(C): _	(C):		Email	
Boat Name:	Length:	Make:	Beam:	Year:	
Key	Combination	*All boats	must operate under their o	own power	
	<u>INSTI</u>	RUCTIONS			
	LABOR RATE	\$125.00 PER H	OUR		
ave read and will comply with t	<u> </u>				
reby authorize the above work t	_				
aployee's permission to operate press mechanic's lien is hereby		•			
·	-	•			

Boat Owner's Signature