



Marine Services Worksheet

Date: _____ Appt. Date: _____

Time: _____ AM PM Gate: _____

CLIENT INFORMATION

Please complete this section only and submit it to your Shoreline Services representative.

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Fax: _____

Job Location: _____ Lot: _____ Block: _____ Section: _____

Builder Home Owner Other Notes: _____

BULKHEAD

Low Pro Reg. Ext. Mat. Super Ext. Mat. Steel Poly Repair Washout Cap Single Double Triple Facer

_____ In. ft. at _____ per In. ft. = _____ Removal of _____ In. ft. of existing bulkhead at _____ per In. ft. = _____

Container disposal fee: _____ Dredge Approx. (cubic yards): _____ Price per: Yard Hour at _____ = _____

PILINGS

Number of Pieces: _____ Size: _____ x _____ x _____ Priced at: _____ = _____

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Number of Pieces: _____ Size: _____ x _____ x _____ Priced at: _____ = _____

BATTER PILES: No. of Pieces: _____
Size: _____ x _____ x _____
Priced at: _____ = _____

BOAT HOUSE OR PIER

Boat House Type: Wood Composite Grade: #1 #2 _____ sq. ft. at _____ per sq. ft. = _____

Pier Type: Wood Composite Grade: #1 #2 _____ sq. ft. at _____ per sq. ft. = _____

Banding: 3" x 8" 3" x 12" 4" x 12" _____ In. ft. at _____ per In. ft. = _____

Roof: Composition Sun Deck _____ sq. ft. at _____ per sq. ft. = _____ Sealant: _____

BOAT LIFT

_____ # Upper w/ Cradle at _____ = _____

_____ # Upper w/ Cradle at _____ = _____

_____ # Lower at _____ = _____

_____ # Lower at _____ = _____

JET SKI LIFT

_____ # Upper w/ Cradle at _____ = _____

_____ # Lower at _____ = _____

_____ # Lower at _____ = _____

_____ Side Mount PWC Lifts at _____ = _____

CANOPIES

Retractable Canopy Size: _____ x _____ Price: _____ Color: Brown Green Gray

Retractable Canopy Size: _____ x _____ Price: _____ Color: Brown Green Gray

Retractable Canopy Size: _____ x _____ Price: _____ Color: Brown Green Gray

DECKING

Land Water Type: Wood Composite Grade: #1 #2 _____ sq. ft. at _____ per sq. ft. = _____

ACCESSORIES

Bench Type: w/ Back w/o Back Straight Radius Octagon _____ H x _____ D x _____ L x = _____

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Handrail: Wood Composite #1 _____ In. ft. at _____ per In. ft. = _____

Steps: Wood Composite #1 _____ In. ft. at _____ per In. ft. = _____

Aluminum Ladder: QTY: _____ Price _____ = _____

Cleats: QTY: _____ Price _____ = _____

Bumpers: _____ sides at _____ = _____

_____ corners at _____ = _____

_____ nose at _____ = _____

_____ ext. corners at _____ = _____

Gem Remote:

Fish Cleaning Station:

Electric Conduit:

Light Post: Fixture _____ pieces 2 ft. 4 ft. 6 ft. 8 ft. at _____ = _____

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EXTRAS

SUMMARY & CLIENT AUTHORIZATION

Subtotal: _____ Extras: _____ TOTAL: _____

Signature: _____ Date: _____