



PLEASE RETURN BEFORE SEPT. 5th 2015

VIA EMAIL TO: service@sebagodock.com
 OR By U.S. Mail: ATTENTION: ALAN WORKS
 P.O. BOX 51, SOUTH CASCO, ME 04077
 207-252-3218

Customer Name: _____ Phone # _____ Email Address: _____

Property Address: _____ Town: _____ Sales Order # _____

Mailing Address: _____ City: _____ State _____ Zip _____

DESIRED DOCK REMOVAL DATE (We Will Do Our Best To Accommodate!)

Please Select Your Dock REMOVAL Session Preference:

Session 1 Sept. 8 th - Sept 20 th <input type="checkbox"/>	Session 2 Sept. 21 st - Oct. 4 th <input type="checkbox"/>
Session 3 Oct. 5 th - Oct 18 th <input type="checkbox"/>	Session 4 Oct 19 th - Nov 1 st <input type="checkbox"/>

If you have any special removal requests please write them in the instructions section located below. If you would like to be present for your Dock Removal please write the date you desire into the session box and we will make contact with you to confirm the date of removal.

PAYMENT METHOD (Prepayment In Full Is Required to Confirm a Dock Removal Date Range)

CHECK ENCLOSED [] Ck # _____ AMOUNT: _____

CREDIT CARD [], (VISA OR MASTERCARD ONLY PLEASE)
 CARD NUMBER _____ CARD EXPIRATION DATE _____

ZIP CODE WHERE BILL IS RECEIVED _____

AMOUNT TO BE CHARGED: _____

I authorize Sebago Dock & Lift, Inc. to charge my credit card for removal reservation services as noted above.

SIGNATURE _____ **DATE** _____

SPECIAL INSTRUCTIONS (Please include details regarding dock installation, storage, requests for special accommodations, or other comments below):
