Harbor Vue Marina

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2026-2027 STORAGE RATES ~ POWERBOAT

Boat Size (feet)	Fall Lift	Spring Launch	Bttm Wash W / AFOUL	Bttm Wash WO / AFOUL	No Cradle or Trailer	Outside Storage	Inside Storage	Summer Storage	Shrink Wrap Boat	Shrink Wrap Fly Bridge	*Sub-Total*	Multiply	Boat Length	Sub-Total Less Taxes	S/W Door at time of storage	**GRAND TOTAL**
DINGY							$193.40									
0 to 22	$4.25	$4.25	$6.45	$8.15	$5.30	$18.60	$36.20	$14.10	$29.45	$4.30		x			$123.35	
23 to 25	$6.00	$6.00	$6.85	$8.75	$6.85	$19.80	$39.75	$15.25	$32.55	$4.30		x			$123.35	
26 to 30	$7.65	$7.65	$7.00	$9.30	$7.65	$21.25	$46.65	$16.40	$38.55	$4.30		x			$123.35	
31 to 35	$9.85	$9.85	$7.60	$9.90	$8.05	$23.85	$53.50	$17.85	$42.85	$4.30		x			$123.35	
36 to 40	$12.10	$12.10	$8.15	$10.45	$9.10	$25.40	$60.30	$19.10	$48.45	$4.95		x			$123.35	
41 to 45	$14.55	$14.55	$8.75	$11.05	$10.45	$28.05	$68.35	$21.60	$54.40	$4.95		x			$123.35	
46 to 49	$17.10	$17.10	$9.30	$11.60	$11.70	$31.05	$76.80	$24.45	$60.00	$4.95		x			$123.35	
50 to 55	$20.45	$20.45	$9.90	$12.20	$14.20	$39.10	$85.05	$27.05	$60.55	$7.00		x			$123.35	
															HST	
															TOTAL	

Boat length is measured from pulpit to swim platform

NAME_____

ADDRESS_____

PHONE_____CELL_____

EMAIL_____

BOAT LENGTH_____BOAT NAME_____

REG. #_____

Other Services Required:

Technician Comments:

STORAGE LOCATION:_____

HAUL OUT DATE_____

KEYS..... BOAT..... MARINA

PICK UP……NO……..YES….LOCATION_____

TRAILER/CRADLE..... YES..... NO PLATE#_____

Cash unless arrangements made. Service Charges on all accounts not paid in 30days. **I hereby authorize the above indicated work to be completed along with necessary parts and supplies and agree that Harbor Vue Marina is released from liability, damage or loss to the boat, motor or equipment while under their direction and control and agree that the above property is insured by us (me) against loss or damage while on the premises (land/water) of Harbor Vue Marina. Winter storage runs Sept thru May. Summer Storage runs June thru August.**

INSURANCE COMPANY_____ **POLICY NUMBER**_____

CUSTOMER SIGNATURE_____**DATE**_____