



CONTRACT END FORM

THIS SECTION TO BE COMPLETED BY RENTER

RENTER NAME:		<input type="checkbox"/> LIVE ABOARD	<input type="checkbox"/> NON-LIVE ABOARD
RENTER MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER:	EMAIL:		
ACCOUNT NUMBER:	SLIP NUMBER:		
VESSEL NAME:	DATE EXPECTED TO VACATE:		
<p>Upon signing below, I confirm my intent to remove my vessel from the Vallejo Municipal Marina and end my Slip Rental Agreement and Live Aboard Agreement (when applicable) effective the date above. I understand a minimum notice of 14 days is required. If less than 14 days are provided, I understand I will be charged a minimum of 14 days. Berthing charges for the entire month in which a notice of cancellation is received shall be charged unless such notice is given on or before the fifteenth day of said month.</p>			
RENTER SIGNATURE:		DATE:	

BELOW SECTIONS TO BE COMPLETED BY MARINA STAFF ONCE RENTER VACATES

ACCOUNT #:	CONTRACT START DATE:	SLIP #:	DATE OUT:
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KEY DEACTIVATION

KEY NUMBER(S):	DATE DEACTIVATED:	DEACTIVATED BY:
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SLIP INSPECTION

DATE INSPECTED:	INSPECTOR NAME & INITIALS:	COST TO REPAIR
DECK BOARDS: <input type="checkbox"/> OK <input type="checkbox"/> DAMAGED	DETAILS:	\$
CLEATS: <input type="checkbox"/> OK <input type="checkbox"/> DAMAGED	DETAILS:	\$
DOCK BOX: <input type="checkbox"/> OK <input type="checkbox"/> DAMAGED	DETAILS:	\$
OTHER: <input type="checkbox"/> OK <input type="checkbox"/> DAMAGED	DETAILS:	\$
TOTAL COST TO REPAIR DAMAGES:		\$

ACCOUNT CLOSE OUT

DEPOSIT AMOUNT PAID: Security	\$	AMOUNTS OWED: Rental Fees _____ /30 days = \$ _____ per day <small>Monthly berth rate</small> \$ _____ x _____ per day = \$ _____ <small>Daily Rate # of days owed Rental Fee Owed</small>
DEPOSIT AMOUNT PAID: Key(s) (Accts opened before 2016)	+ \$	
TOTAL DEPOSIT AMOUNT PAID:	\$	
AMOUNTS OWED: Rental Fees	\$	ACCOUNT CREDITS: Overpayments Description: OTHER/ NOTES:
AMOUNTS OWED: Damages	+ \$	
TOTAL AMOUNT OWED:	\$	
DEPOSIT REFUND AMOUNT (415-0000-207.09-02)	\$	
ACCOUNT CREDITS: Overpayments (415-0000-350.69-05)	+ \$	
TOTAL AMOUNT TO BE REFUNDED:	\$	

REFUND AMOUNT CALCULATED BY:	Printed Name & Initial:	Date:
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REFUND AMOUNT APPROVED BY:	
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REFUND

DATE REQUEST RECEIVED	DATE REFUND PROCESSED	PROCESSED BY (printed name & initial)	AMOUNT REFUNDED	AP BATCH NUMBER	COV CHECK NUMBER