

**CHARLOTTE COUNTY SEAWALLS, INC.  
590 PRINEVILLE STREET  
PORT CHARLOTTE, FL 33954**

**Sarasota- (941)894-3625 \* Venice- (941)207-4041 \* Pt Charlotte- (941)629-4900**

**LIFT SERVICE AGREEMENT**

The following services will be performed at desired intervals. The lift owner will be notified of potential problems or areas needing immediate attention not covered by this contract.

GENERAL INSPECTION OF ALL ASPECTS OF LIFT SYSTEM  
ALL GREASE FITTING LUBRICATED  
CHAIN AND CABLES LUBRICATED  
LUBRICATE ELECTRICAL CONTACTS AND SWITCHES WHERE POSSIBLE

The following will be serviced as needed:

CHAINS AND BELTS TIGHTENED  
CABLES ADJUSTED TO WRAP PROPERLY ON SHAFT  
GUIDE POLE BRACKETS STRAIGHTENED  
MOTORS COATED WITH RUST-INHIBITING SPRAY  
BUNK CARPETING RE-STAPLED

This contract covers cost of lubricants and labor. Any additional work required will be performed upon customer approval, and billed separately. This contract will commence upon the first day of service. This contract does not include any damage to the lift and dock from acts of nature including, but not limited to storm, and hurricane, and does not include damage from man made causes. CONTRACTOR DISCLAIMS ANY IMPLIED WARRANTY OF GOODS OR THE FITNESS OF THE GOODS FOR ANY PARTICULAR PURPOSE. Owner shall carry all required liability insurance. Contractor will carry required liability and workman's compensation insurance's.

**PLEASE CHOOSE ONE OF THE FOLLOWING:**

\_\_\_\_\_ ANNUAL SERVICE @ \$115.00  
\_\_\_\_\_ SEMI-ANNUAL SERVICE @ @210.00 (FOR 2 SERVICES)

**ACCEPTANCE OF CONTRACT**

The above prices, specifications, and conditions are satisfactory and are hereby accepted. Charlotte County Seawalls, Inc. is authorized to perform the work specified above. Payment will be made as outlined above. The undersigned acknowledges that they are the owner or authorized agent who may enter into this contract on behalf of themselves or any others.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(YOUR INFORMATION)  
NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Type of Lift/ Capacity: \_\_\_\_\_, \_\_\_\_\_ Does lift have REMOTE? \_\_\_\_\_  
Power? \_\_\_\_\_  
Address where lift is located: \_\_\_\_\_  
Phone: \_\_\_\_\_

PLEASE SIGN, DATE, FILL OUT YOUR INFORMATION, AND RETURN TO ABOVE ADDRESS  
DO NOT PAY NOW, YOU WILL BE BILLED UPON COMPLETION OF YOUR LIFT SERVICE