CONTRACT END FORM

THIS SECTION TO BE COMPLETED BY RENTER		
RENTER NAME:	☐LIVE ABOARD	☐NON-LIVE ABOARD

RENTER MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL:	
ACCOUNT NUMBER:	SLIP NUMBER:	
VESSEL NAME:	DATE EXPECTED TO VACATE:	

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.

RENTER SIGNATURE:	DATE:

BELOW SECTIONS TO BE COMPLETED BY MARINA STAFF ONCE RENTER VACATES

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

KEY DEACTIVATION

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

SLIP INSPECTION

DATE INSPECTED:	INSPECTOR NAME & INITIALS:	COST TO REPAIR
DECK BOARDS: ☐OK ☐DAMAGED	DETAILS:	$
CLEATS: ☐OK ☐DAMAGED	DETAILS:	$
DOCK BOX: ☐OK ☐DAMAGED	DETAILS:	$
OTHER: ☐OK ☐DAMAGED	DETAILS:	$
	TOTAL COST TO REPAIR DAMAGES:	$

ACCOUNT CLOSE OUT

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

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

REFUND

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