

NEWBURYPORT YACHT CLUB
“Maintenance/Issue” Report

Date: _____ Name: _____ Slip #: _____

Indicate issue with a check mark or brief description and submit form to Club office.

Electrical

Outlet/Light _____

No Power _____

Circuit Breaker _____

Dock

Cleat/Decking _____

Floatation _____

Club House

Doors _____

Refrigerator/Sink _____

Floor/Outside Deck _____

Furniture/TV _____

Maintenance _____

Pool

Tiles/Decking _____

Filter _____

Furniture _____

Maintenance _____

Bathroom (Men’s/Woman’s – Circle One)

Toilet _____

Shower/Sinks _____

Floor _____

Supplies _____

Maintenance _____

Other _____

* * * * *

Date Received _____

Action Taken _____

Taken By _____

