



Information Request Form

Please print this form and fill out the following information then fax back to 705.689.5742

Name: _____ Date: _____

Phone: _____ Fax: _____

Nature of request: _____

Please describe your interest in our products or services:

If you are requesting a quotation for a dock system please provide us with the following information:

Location of dock: _____

Body of water: _____ Depth of water: _____

Bottom composition: ___ Mud ___ Rubble ___ Hard Sand

Shoreline composition: ___ Solid Rock ___ Sandy ___ Rubble

1490 Hwy 11 North RR #2 Kilworthy, Ontario, Canada P0E 1G0

Ph: 705-689-5646

www.muskokaleisuredocks.com

Fax: 705-689-5742