

ST.VINCENT AND THE GRENADINES PORT AUTHORITY

REQUISITION FOR PORT SERVICES

Date.....

To:

(Day-Month-Year)

The Port Manager

Please provide the following for the use of:

S.S. / M.V. / Schooner.....

on

- (i) Berth or Anchorage**
- (ii) In and Out Pilotage**
- (iii) Mooring Gangs**
- (iv) Mooring Launch**
- (v) tons of Fresh Water**
- (vi) Crane to lift tons**
- (vii) Telephones**
- (viii) Bunkers**
- (ix) Garbage Cans**
- (x) Other Port Equipment as follows:-**

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Delete those services not required.

I undertake to meet promptly the charges raised for these services together with any Overtime incurred and to pay for any damage caused to any Equipment on hire from the above-mentioned Department.

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*Master or Agent
or Person applying for Service.*

_____ *To be completed in the Department* _____

Certified that the following arrangements have been made for the supply of services required:-

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Port Manager