

## Service Request Form - 2017

**\*\* Complete & Return This Form with a \$150 Deposit to Schedule Your Services \*\***

### Indicate the services you want us to perform.

- |   |  |
|---|--|
| <input type="checkbox"/> Recommended Annual Cover Maintenance                 | <input type="checkbox"/> Auto Cover Fabric Replacement Quote |
| <input type="checkbox"/> Automatic Cover Cleaning                             | <input type="checkbox"/> Pump & Motor Inspection & Cleaning  |
| <input type="checkbox"/> Cover Housing Clean-up                               | <input type="checkbox"/> Heater Inspection & Cleaning        |
| <input type="checkbox"/> Combination Cleaning & Annual Maintenance            | <input type="checkbox"/> Vinyl Liner Replacement Quote       |
| <input type="checkbox"/> Pre-opening Spring Clean-up – call for details       |  |
| <br>  |  |
| <input type="checkbox"/> Weekly Chemical Service                              |  |
| <input type="checkbox"/> Full Service Opening --“A” Package Opening           |  |
| <input type="checkbox"/> Mechanical Opening --“B” Package Opening             |  |
| <input type="checkbox"/> Enhanced Weekly Service with Weekly Chemical Service |  |
| <input type="checkbox"/> Open Spa/Hot Tub                                     |  |
| <input type="checkbox"/> Weekly Spa Chemical Service                          |  |
| <br>  |  |
| <input type="checkbox"/> Opening Vacuum                                       |  |
| <input type="checkbox"/> Weekly Pool Vacuuming                                |  |
| <input type="checkbox"/> Bi-Weekly Pool Vacuuming                             |  |

**Please open my pool the week beginning Monday (date) \_\_\_\_\_.**  
(We will call the week prior to your opening to confirm the day.)

### **Please Print:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse's Last Name (If different) \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Spouse's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Email address where we can send Invoices & Statements:** \_\_\_\_\_

Sign & date this agreement and return it in the enclosed return envelope, along with your \$150 deposit. The deposit will be applied to the work requested above. The balance is due when the work is completed, in accordance with our Terms & Conditions of Service which are on our website at SparklePoolIndy.com. Sparkle Pool Service agrees to provide the services you request above. By your signature below or your written or verbal request for service, you acknowledge that you have read, understand and agree to our Terms & Conditions of Service and request the services noted above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sparkle Pool Service**  
5820 Massachusetts Avenue, Indianapolis, IN 46218  
Bus. (317) 545-1980 Fax. (317) 377-1077  
SparklePoolIndy.com