



Pool Service Division

Weekly Maintenance • Technical Service • Renovations • Custom Installations

PO Box 389, Centerville, Ma 02632

Ph: 508.771.3457 Fax: 508.771.3496

SWIMMING POOL & SPA 2010 SERVICE REQUEST

Name _____ Phone (H) _____ (C) _____

Contact other than owner _____ Phone _____

Pool Site Address: _____ Town: _____ Zip Code: _____

Billing Address: _____ Town: _____ Zip Code: _____

E-Mail Address: _____

Requested Service Date: Please note that requested service day may change due to inclement weather conditions.

First Choice Day _____ Second Choice Day _____

Do we need to call for access: Yes _____ or No _____

Water, power, and access must be available on the day the service is scheduled. A minimum service charge will be incurred if a return visit is needed to complete the service. All chemicals will be charged as used and are not included in the rates below. The following rates are for standard pool and spa services. Pools and spas that have additional water features or negative edge spillovers will be billed at an additional hourly rate of \$75.00 per hour/per technician.

- All services include the following:
- Water Test (Sanitizer, PH, Alkalinity, Calcium, Stabilizer, Phosphates)
 - Add chemicals to properly balance and adjust water
 - Vacuum, Skim, Brush all surfaces and tile line
 - Clean out skimmer and pump baskets
 - Test all equipment (Pumps, Heaters, Air Blowers, Lights, Automation Controls)

Weekly Service choice: (circle type of service requested)

Weekly Twice Weekly Monthly Twice Monthly

Preference on day of the week for service: _____

- Weekly Service Rates:**
- Pool Only \$75.00 Plus Chemicals
 - Pool & Spa \$85.00 Plus Chemicals
 - Spa Only \$65.00 Plus Chemicals
 - Vanishing Edge Trough Service \$325.00 (Recommended Once Per Month)
 - Additional Water Feature \$65
 - Autocover Cleaning \$110.00
 - Chemical Testing/Water Balancing \$25.00 Plus Chemicals

Please include your deposit to book the service date. Checks may be made out to Viola Associates – Pool Division.

You may also pay by credit card (Visa and Master Card) Signature _____.

Credit Card # _____ Exp Date _____.