

Date in: _____
 Job No. _____
 By; Daisy Contact _____
 email _____

Quote
No

From; Client _____

Client Contact: _____
 Direct Phone: _____ Fax: _____
 email: _____

Checklist			Indicate
1- Pool Classification-	School		<input type="checkbox"/>
	Council		<input type="checkbox"/>
	Commercial		<input type="checkbox"/>
2- Location-	Indoor		<input type="checkbox"/>
	Outdoor		<input type="checkbox"/>
3- Is the pool heated?			
4- Waterline Measurement-	Width _A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Length B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5- Does the pool have-	Raised coping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Wet Deck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6- Will Blanket be hauled over starting blocks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, quote accurate dimensions of starting blocks below.</i>			
<i>Note: blanket recovery is easier from the non starting block end</i>			
7- Are there Pipe Ladders or projections along the sides or ends of the pool?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they intrude into the water?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Would they hinder Operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
- Indicate on plan drawing			
8- indicate Diving Board/Boards if any			
Will they hinder roller operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9- What height above waterline are Lane Rope Anchors points?			
<i>Please indicate on plan point locations and progressive measurement across the pool.</i>			

For: Council Corporate School

Pool Name _____

Contact Person _____

Address of Pool: _____

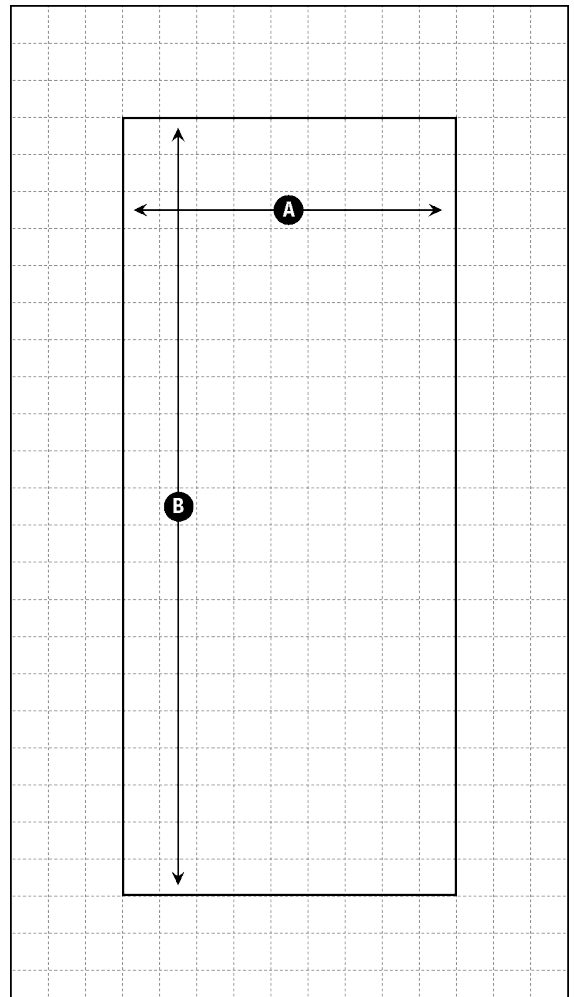
Suburb: _____

State/Postcode _____

Deliver to pool. Yes No

If no delivery address _____

A = width
 B = length
 C = extras
 = sq metres



Pool Covers:	Colour	\$ Quote
Solar Pool Blanket Series 8 UltraDome	<input type="checkbox"/>	\$ _____
ThermoTech Foam	<input type="checkbox"/>	\$ _____
Number of blankets	<input type="checkbox"/>	\$ _____
Wind Skirting	<input type="checkbox"/>	\$ _____
Roller: <input type="checkbox"/> Style: <input type="checkbox"/>		\$ _____
Number of rollers.		\$ _____
Motorised	<input type="checkbox"/>	\$ _____
Out Rigger	<input type="checkbox"/>	\$ _____
Installation.	<input type="checkbox"/>	\$ _____
<i>For blanket replacement please indicate roller cord placement</i>		Total _____

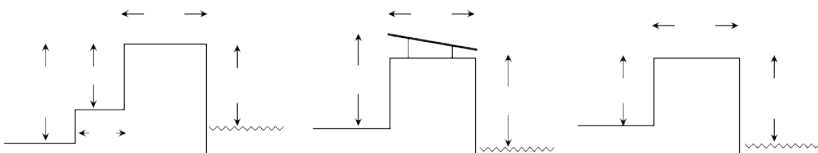
Special Notes: _____

Photos Supplied.

Inspection Required.

separate Plans & elevations Supplied.

Special Instructions.



Please fill in starting block and copy dimensions if any.

.....Signed
 Yes I confirm all information above and instruct you to proceed to production