

STREAMLINE POOLS

NAME: _____
ADDRESS: _____
CITY: _____ MAPSCO: _____
HOME # _____ OFFICE # _____
MOBILE # _____

POOL INFORMATION

New or Existing	Salt or Chlorine
Pool/Spa or Pool	Locks: _____
Deep or Shallow	Dogs: _____
L-scaping:	Pressure: _____

CURRENT CHEMICAL READINGS

Free Chlorine	Calcium
Total Alk.	Salt
pH	Cya.

Visual Water Condition: _____

CURRENT POOL & E.Q. CONDITIONS

Algae: _____	Scaling: _____
Plaster: _____	Type: _____
Cleaner: _____	Type: _____
Timer: _____	Type: _____

Needed Repairs/Suggestions:

Signature: _____