



# Maintenance 2022

Fax (262) 968-4395  
 poolside.orders@gmail.com  
 W309 S4845 Commercial Dr.  
 North Prairie, WI 53153  
 Ph (262) 968-4365

## Customer Information

Customer Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Prices do not include tax PLEASE CHECK YOUR DESIRED MAINTENANCE PACKAGE

### Pool Maintenance START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ TOTAL VISITS \_\_\_\_\_

- WEEKLY \$99** *Includes (as needed):* Test water and add necessary chemicals to balance water. Skim pool surface for debris, brush and vacuum pool, empty out skimmer & pump baskets, backwash/clean filter. Customer is responsible for providing access to running water and electricity, as well as maintaining the proper pool water level. Any service provided above and beyond our standard maintenance will be billed at \$90/man-hr.
- BI-WEEKLY \$139**
- 25 lb. Chlorine Tablets \$95** Due to the current market conditions, customers will be billed for chlorine tablets supplied

### Spa Maintenance

- WEEKLY \$60** *Includes (as needed):* Test water and add necessary chemicals to balance water. Skim surface for debris, empty out skimmer baskets, clean filter. Add water as necessary and turn off water source before departure. Customer is responsible for providing access to running water and electricity, as well as maintaining the proper spa water level. Any service provided above and beyond our standard maintenance will be billed at \$90/man-hr.

### Vacation Maintenance START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ TOTAL VISITS \_\_\_\_\_

- WEEKLY \$165**  
(Pool or Hot Tub) *Includes (as needed):* Test water and add necessary chemicals to balance water. Skim surface for debris, empty out skimmer/pump baskets, backwash/clean filter. Customer is responsible for providing access to running water and electricity, as well as maintaining the proper pool water level. **Customer provides chemicals.**

ALL SERVICES WILL TYPICALLY BE PERFORMED BASED ON GEOGRAPHICAL .

1. Homeowner is responsible to maintain code compliance with the city on issues such as fencing, gates and all other safety issues.
2. Poolside will add water while on site to the extent that can be added during regular weekly maintenance. Water will be turned off when we leave.
3. Chemicals will be provided by Poolside for weekly pool contracts. This includes chlorine, stain & scale preventor, algacide & pH & alkalinity adjustments.
4. Homeowner is responsible for initial water balancing, including cost of chemicals and any additional labor required.
5. Homeowner is required to contain or restrain their pets.
6. Should the pool be unusually dirty at the time of service due to storm damage/debris or similar unexpected event, there will be an additional charge of \$80/hr for each hour over the normal time. Additional chemical charges may be incurred in these circumstances.
7. Any repairs to pool or equipment will be billed at \$80/man hr plus parts.
8. Payment terms: A valid credit card must be on file & will be billed weekly in order to insure uninterrupted service. Repairs are billed and payable upon completion.
9. Service may be terminated, at will, by either party without any advance notice.
10. Complete customer satisfaction is our goal. Please notify Poolside promptly if service is not to your complete satisfaction so that we may look into the matter and address all issues quickly. It's also okay to let us know that we are doing a great job! We appreciate your business and the relationships that we build!

## Payment Information Must Accompany This Form

**Payment Terms:** A valid credit card must be on file and will be billed and paid at the beginning of the month in order to insure uninterrupted service. Repairs are billed when authorized and completed. Unpaid bills will result in suspension or cancellation of service.

Total Amount Authorized (from above) \$ \_\_\_\_\_ (5% tax will be added to total)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit V - Code on Back \_\_\_\_|\_\_\_\_|\_\_\_\_ Check # check must accompany form

Billing Address: \_\_\_\_\_

Name on Card \_\_\_\_\_ Customer Signature \_\_\_\_\_ Date \_\_\_\_\_