



358 Main Street | Danbury, CT 06810 | Tel: 203-743-1234 | Fax: 203-744-3299 | contactus@hatcitypools.com | www.hatcitypools.com

## 2018 Pool Service Programs

We offer flexible service schedules to fit your individual needs. Below you will find a list of programs offered. Select the best maintenance program for you. Please call us if you have any questions.

### Service includes:

- Pool vacuuming, regular maintenance on filter system and backwashing if necessary.  
(Up to one hour)
- Water testing; pool will be balanced based on the program selected.  
(Samples return to our showroom for computer analysis)
- We will add chemicals as needed. A stock of maintenance products will be left at your residence for our use and replenished as necessary.

(Types of chemicals on hand would include: chlorine, shock, algaecide and salt if required)

### Programs offered:

(Please Check One)

- ( ) **Weekly service:** Normally takes place on a specific day of the week. Water is balanced twice a month.  
(Balancing chemicals and parts necessary for repairs are additional)
- ( ) **Bi-Monthly service:** Normally takes place twice a month. Water is balanced once a month.  
(Balancing chemicals and parts necessary for repairs are additional)
  - Homeowner responsible for maintaining chemicals and equipment on the off week.
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- ( ) **As needed/ per call basis:** Just give us a call. No need to commit. You let us know when you could use our service. Water is typically not balanced, but you can obtain a copy of the analysis report from our showroom any time.

**Rate of Pool Service: \$95.00 per man hour  
(after 1 hour, billed in 1/2 half hour increments)**

**Upon acceptance of this service contract we ask that you provide us with a credit card. This card will be kept on file and charged during the current pool season for services rendered.**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Desired Start \_\_\_\_\_ Email \_\_\_\_\_  
 Acceptance of service contract \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing zip code \_\_\_\_\_

**\*Work will be performed by a trained pool technician\***