

2016 Request for a Swimming Pool Management Proposal

Swimming Pool Facility Name: _____

Swimming Pool Facility Address: _____

Owner/Agent Address: _____

Property Management Company: _____

Contact Person (name, title): _____

Contact Phone Number: _____

Contact E-mail Address: _____

Dates and hours of operation

Pool Opens: _____ (Usually Memorial Day weekend)

Pool Closes: _____ (Usually Labor Day weekend)

Pool opens at ____ on public school days.

Monday ____ - ____ pm

Friday ____ - ____ pm

Tuesday ____ - ____ pm

Saturday ____ - ____ pm

Wednesday ____ - ____ pm

Sunday ____ - ____ pm

Thursday ____ - ____ pm

Holiday ____ - ____ pm

Number of guards on weekdays: ____ Number of guards on weekends: ____

Please check here if there is ____ a spa and/or ____ a wading pool.

How do you prefer to receive the proposal? E-mail Mail Fax

Proposal Due Date: _____

Miscellaneous Items/Request:

Please fax back to 1-888-927-8272. Thank you!