



CHESTER COUNTY
 307 Westtown Rd.
 West Chester, PA 19382
 610-430-3963
 DELAWARE
 5107 Governor Printz Blvd.
 Wilmington, DE 19809
 302-762-2250
 Email: info@colonypool.com

2023 Pool Maintenance Weekly/Bi-Weekly Maintenance

Name: _____ Date: _____
 Address: _____
 Phone: _____ Email: _____
 Contact Person: _____

Colony Pool Service Inc. agrees to service the above owner's I I swimming pool and/or spa and the above owner does hereby agree to pay for the service outlined below in accordance with the terms hereinafter set forth in this agreement. Service will be provided _____time(s) per week except in inclement weather or if service day falls on a holiday.

- Clean skimmer and pump baskets
- Backwash filter and inspect pump operation
- Vacuum pool as needed (up to an hr)
- Top skim debris from surface as needed
- Brush pool and spa steps and walls as needed
- Check chemicals and balance when necessary

*All other parts and chemicals added to pool shall be billed at the time of service of Colony Pool Service, Inc. shall have the prerogative to bill customers for extras on customer's monthly service invoice.

****Bi-Weekly Maintenance** clients will be responsible for balancing water chemistry, emptying baskets, skimming/vacuumping and backwashing if applicable on their off week. A 2.5 gal of liquid chlorine will be left for bi-weekly maintenance clients to put into water to assure water is properly sanitized on the off week.

Pool Repairs: Any repairs must be called into the office. Maintenance crews do not have repair equipment or tools. Repairs are scheduled through the office personnel and will be performed by a service technician.

Complaints: Any complaints should be directed to info@colonypool.com within 24hrs of occurrence.

Colony Pool Service, Inc. will not be responsible for the following:

- Maintaining pool and spas water level. (We recommend at least 3' up on the file.)
- Cleaning and/or removal of scum, oil, or mineral deposits from the tile or pool finish.
- Excess debris in the pool due to acts of nature, vandalism, or lawn maintenance.
- Keeping all trees, plants and shrubs trimmed back from the pool.
- Lost animals.
- Covers need to be removed, gates unlocked and animals put up before technician arrives.
- Please contact Colony Pool Service via email if you will be out of town for a long period of time.
- Contact Colony Pool Service, Inc. at least seven days in advance before a party or special event that will cause your service to be rescheduled.

Exclusions, Exceptions and Additional Charges:

- If your cleaning day falls on a holiday, the cleaning will be done the following scheduled date.
- If the cleaning day falls during inclement weather, we will check the equipment, baskets, chemicals, vacuuming will not be performed during inclement weather.
- If you have yard service, there will be an additional charge of \$85.00 for a return trip if leaves or debris are carelessly blown into the pool.
- Heavy foliage occurs more in the spring and fall. More visits may be required during that time at an additional charge.

This agreement may be canceled at any time by either party with a 30-day written notice.

Company agrees to service the owner's pool and or spa as stated above providing said owner does keep all pool support equipment and interior finish of pool or spa in good condition. Pool owner does also agree to keep in good repair all gates, walkways and other pool areas as necessary. Pool owner does understand and acknowledges that he/she is responsible for all costs relative to servicing of said pool or spa. All equipment necessary to the proper servicing of said pool and or spa shall be paid in accordance with the same terms and conditions as the monthly service invoice.

Rate for the above service shall be \$ _____per service visit, plus the cost of chemicals used.

Please complete, sign and return the credit authorization form attached. Credit card authorization will be charged each month and an itemized bill of the charges will be sent.

If paying with a mailed check, please indicate by checking the box.

 Client Acknowledgment

 Date



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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address):

I, _____, authorize _____
to charge my credit card above for agreed upon purchases. I understand that my
information will be saved to file for future transactions on my account.

Customer Signature Date