

**POOL & SPA OPENING FORM:**

NAME: \_\_\_\_\_

NOTE: To ensure the pool opening or weekly service plan, please complete the entire service order and mail to **Little Giant Pool & Spa** with the deposit(s) indicated.

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**\*\*\*\*NOTE: DUE TO ANY INCONVENIENCES THAT MAY OCCUR WE CANNOT GUARANTEE THAT WEEK.\*\*\*\*****OPEN MY POOL FOR THE PROJECTED WEEK:** Please place "X" in the box provided.

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Week of 03/02/26 | <input type="checkbox"/> Week of 04/06/26 | <input type="checkbox"/> Week of 05/04/26 | <input type="checkbox"/> Week of 06/01/26 | <input type="checkbox"/> Week of 07/06/26 |
| <input type="checkbox"/> Week of 03/09/26 | <input type="checkbox"/> Week of 04/13/26 | <input type="checkbox"/> Week of 05/11/26 | <input type="checkbox"/> Week of 06/08/26 | <input type="checkbox"/> Week of 07/13/26 |
| <input type="checkbox"/> Week of 03/16/26 | <input type="checkbox"/> Week of 04/20/26 | <input type="checkbox"/> Week of 05/18/26 | <input type="checkbox"/> Week of 06/15/26 | <input type="checkbox"/> Week of 07/20/26 |
| <input type="checkbox"/> Week of 03/23/26 | <input type="checkbox"/> Week of 04/27/26 | <input type="checkbox"/> Week of 05/25/26 | <input type="checkbox"/> Week of 06/22/26 | <input type="checkbox"/> Week of 07/27/26 |
| <input type="checkbox"/> Week of 03/30/26 |   |   | <input type="checkbox"/> Week of 06/29/26 |   |

**OPENING SERVICES: (Check Services Desired)**

**ALL WATER & DEBRIS MUST BE REMOVED FROM THE POOL COVER AND THE WATER LEVEL IN THE POOL MUST BE FILLED TO THE PROPER RUNNING LEVEL (MIDDLE OF SKIMMER) TO INSURE QUICK AND EASY OPENING.** IF WATER AND DEBRIS IS NOT REMOVED FROM THE POOL COVER OR THE POOL IS NOT FILLED TO THE PROPER LEVEL WHEN WE ARRIVE THE POOL **WILL NOT BE OPENED.** THERE WILL BE A **\$40.00 FEE** TO RETURN TO OPEN THE POOL IF IT WAS NOT READY WHEN SCHEDULED. IF YOU WOULD LIKE LGPS TO REMOVE THE WATER AND DEBRIS OFF THE POOL COVER OR FILL THE POOL THE CHARGE WILL BE **\$135.00 PER HOUR.**

The standard opening service includes: Removal of pool cover, checking for winter damage, removal of plugs, reinstall all fittings, run system, test and super chlorinate water. **(IF THE WATER IS CLEAR THE POOL WILL BE VACUUMED.)** All chemicals used will be charged to the customer.

**Pool Openings start at a rate of \$495.00 plus chemicals with a 2-hour maximum:** I realize that any additional time needed to open my pool will be charged to me at the rate of **\$135.00 per hour.** (Most pools will open within the **2-hour** maximum; the pool that requires more time is the pool that is full of debris or is algae infested.)

**Open water features:** Inground and Detached Spas, Waterfalls, Fountains, Grottos, Vanishing Edges, Etc. (these features will be quoted separately with a minimum rate of **\$125.00 each**). Deck Fountain Jets at a rate of **\$30.00 each**. Laminars **\$50.00 each**, Lagoons at a rate of **\$65.00 each**. Buddy Seats at a rate of **\$45.00 each**. Bubblers at a rate of **\$50.00 each**. Sheer Descents at a rate of **\$150.00**. Spray lines at a rate of **\$10.00 each**. Slide lines at a rate of **\$10.00**

**Professionally clean and store my pool cover for the season at a rate of \$275.00:** Pool cover is picked up when the pool is opened. The pool cover will be returned when we close the pool. If you would like your pool cover to be returned prior to your pool closing, there will be a **\$40.00 delivery fee.** **Pool Covers, larger than 25x45, will be invoiced at a separate rate.** **Little Giant Pool & Spa is not liable for any tears, holes, rips or damage to pool covers. Covers MUST be removed by Little Giant Pool & Spa.**

Solid Cover Color: \_\_\_\_\_  Mesh Cover Color: \_\_\_\_\_  Waterbag Cover Color: \_\_\_\_\_

**Drain and acid wash my pool:** (Acid and Neutralizer are included) **\$1,100.00 minimum.** Due to the uncertainty of the amount of water the soil is holding, Tinart Corporation (DBA Little Giant Pool & Spa) cannot and will not accept financial responsibility for property damage(s) that may occur to the pool or surrounding property(s) due to hydrostatic pressure.

**MY POOL USES:**  CHLORINE  UV  IONIZER  SALT  OTHER

**PLEASE QUOTE ME A PRICE ON THE FOLLOWING PRODUCTS, SERVICES OR REPAIRS: (Check items desired)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pump                    | <input type="checkbox"/> Vinyl Liner Replacement        | <input type="checkbox"/> Concrete Replacement or Repair         |
| <input type="checkbox"/> Filter                  | <input type="checkbox"/> Paint Pool                     | <input type="checkbox"/> Seal Deck                              |
| <input type="checkbox"/> Heater                  | <input type="checkbox"/> Sand Blast and Plaster         | <input type="checkbox"/> Remove and Replace Caulk Joints        |
| <input type="checkbox"/> Chlorinator             | <input type="checkbox"/> Sand Blast and Pebble Surfaces | <input type="checkbox"/> Anchor Safety Pool Covers-Solid & Mesh |
| <input type="checkbox"/> Salt System             | <input type="checkbox"/> Pool and Spa Inspections       | <input type="checkbox"/> Automatic Safety Pool Cover            |
| <input type="checkbox"/> Auto Pool Cleaner       | <input type="checkbox"/> Repair or Replace Pool Lines   | <input type="checkbox"/> Manual Safety Pool Cover               |
| <input type="checkbox"/> Repair or Replace Light | <input type="checkbox"/> Repair or Replace Tile         | <input type="checkbox"/> Change Sand in Filter                  |
| <input type="checkbox"/> Leak Detection          | <input type="checkbox"/> Repair or Replace Coping       | <input type="checkbox"/> Replace Filter Cartridges              |

OTHER: \_\_\_\_\_

I have enclosed **\$125.00 non-refundable** deposit for my pool opening. **(ALL SALES ARE FINAL)**

I have enclosed the first payment for my service plan. (CHEMICALS INCLUDED IN SERVICE PLANS ARE CHLORINE TABLETS, PH AND ALKALINITY. ALL OTHER CHEMICALS NEEDED ARE INVOICED MONTHLY WITH YOUR SERVICE PLAN.)

IF USING CARD, PLEASE INCLUDE YOUR **MASTERCARD/VISA #, EXPIRATION DATE AND 3 DIGIT SECURITY CODE:**

**(CREDIT CARD PROCESSING FEE 1.5%)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BRONZE PLAN \$372.00/4 Visits         | <input type="checkbox"/> SILVER PLAN \$531.00/4 Visits         | <input type="checkbox"/> GOLD PLAN \$879.00/8 Visits |
| <input type="checkbox"/> BI-WKLY BRONZE PLAN \$286.00/2 Visits | <input type="checkbox"/> BI-WKLY SILVER PLAN \$346.00/2 Visits | <input type="checkbox"/> SPA PLAN \$305.00/4 Visits  |

**LITTLE GIANT POOL & SPA ~ 120 N. OLIVE STREET ~ PACIFIC, MO 63069 ~ 636-271-2200 OFFICE ~ 636-271-2204 FAX**