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## **2024 Pool Winterization Agreement Form**

Name:_			Date:	
Address	s:	Town:	Zip Code:	
Phone:		Email:		
When would you like us to winterize your pool?  Please provide a preferred week of service. All dates are subject to change based on availability and weather conditions.  WEEK OF:				
NOTES:				
Which pool services would you like us to perform?  Please circle one or more of the following services.				
	□ Standard Pool Closing/Chemicals \$425 - Partially drain pool 12″-18″ or 1″-3″ below skimmer for solid covers, blowout all underground plumbing and plug appropriately, remove/disassemble all pool accessories, apply anti-freeze and protective expansion devices to skimmer(s), winter chemical application, winterize all filter/pump equipment and install safety cover. Note: If you have a diving board, it will be left in place unless we are specifically requested to remove it. All pool winterizations include anti-freeze and liquid chlorine. Tarp covers with water weights are additional.  Additional Services/Charges			
	Raised/Attached Spa + \$100 Winterize sp	oa and related equi	pment.	
	Waterfall +\$150 Winterize waterfall and rela	ted equipment.		
	Vacuum + \$85 Vacuum and clean pool prior	_		
	Filter Cleaning + \$125 Disassemble cartride	ge/DE filter and ma	inually clean with water.	
All services are C.O.D. and must be paid day of completion via check, card, venmo, or cash.				
John C @prestigepoolsnj  III III III III III III III III III I				

Signature: