



3120 E. Medina Rd.
Tucson, AZ 85756
800-874-7727
www.horizonparts.net

Pool Data Sheet

Address: _____

Name: _____

Phone #: _____

Customer #: _____

Type	<input type="checkbox"/> Inground <input type="checkbox"/> Above Ground	Shape	<input type="checkbox"/> Rectangular <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Kidney <input type="checkbox"/> Freeform
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Size	Dimensions L x W x H or D: _____	Gallonge: _____
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Surface Material	<input type="checkbox"/> Plaster <input type="checkbox"/> Vinyl <input type="checkbox"/> Pebble <input type="checkbox"/> Gelcoat <input type="checkbox"/> Other: _____
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Tile	Brand: _____	Size: _____	Color: _____
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Lineal Footage: _____	Depth Marker: _____	Accent: _____
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Returns	Quantity: _____	Brand: _____	Size: _____	Color: _____
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Skimmer	Brand: _____	Model: _____	Color: _____
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Main Drain	Quantity: _____	Brand: _____	Color: _____	Cover: _____
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Cleaner	Brand: _____	Model: _____
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Type: <input type="checkbox"/> Suction <input type="checkbox"/> Pressure	Accessories: <input type="checkbox"/> Vacuum Plate <input type="checkbox"/> Leaf Trap/Canister <input type="checkbox"/> Ladder Guard <input type="checkbox"/> Regulator Valve
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Ladder	Brand: _____	Model: _____	Size: _____
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Hand Rail	Brand: _____	Model: _____	Size: _____	Anchor: _____
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Equipment	Pump/Pumps: Brand: _____	Model: _____
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Horsepower: _____	Service Factor: _____	Voltage/Amperage: _____
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Filter: Brand: _____	Model: _____	Type: <input type="checkbox"/> Cartridge <input type="checkbox"/> Sand <input type="checkbox"/> DE
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Note: Fill out the section below based on choice here.

Filter - Cartridge: Replacement cartridge part #: _____	Date replaced: _____
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Filter - DE: Replacement Grid part #: _____
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Heater: Brand: _____	Model: _____
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Size: _____	Type: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solar
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Time Clock: Brand: _____	Model: _____	Voltage: _____
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Ozonator: Brand: _____	Model: _____
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Valves: Type: <input type="checkbox"/> Ball <input type="checkbox"/> Gate <input type="checkbox"/> Slice <input type="checkbox"/> Backwash <input type="checkbox"/> Automatic	Brand(s): _____	Size(s): _____
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Cover: Type: <input type="checkbox"/> Solar <input type="checkbox"/> Thermal <input type="checkbox"/> Mesh <input type="checkbox"/> Automatic	Size: _____
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Chemical Feeder: Brand: _____	Model: _____
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Type: <input type="checkbox"/> Chlorinator <input type="checkbox"/> Brominator <input type="checkbox"/> Baquacil <input type="checkbox"/> Salt Generator <input type="checkbox"/> Liquid/Pump

Controller: Brand: _____	Model: _____
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Type: <input type="checkbox"/> Electronic <input type="checkbox"/> Air <input type="checkbox"/> Remote Actuator <input type="checkbox"/> Programmable: Program Info: _____
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Accessories: <input type="checkbox"/> Auto Fill <input type="checkbox"/> Signage <input type="checkbox"/> Deck Anchors <input type="checkbox"/> Chemical Test Kit <input type="checkbox"/> Chemicals

<input type="checkbox"/> Cover Reel: Brand: _____	Cover Reel Model: _____
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