



www.paddockindustries.com

MAIN DRAIN INSTALLATION - SIGNOFF FORM

Job Name, City, State: _____

Job No.: _____

The following information is required to validate the expressed warranty. Complete this form upon start-up of pool and return via email info@paddockindustries.com (subject: Main Drain Installation), fax or mail to the address below.

PLEASE NOTE: *Warranty **DOES NOT** go into effect until completed installation form has been received by Paddock Pool Equipment Company.*

Date of Main Drain Installation: _____

Contractor/ Installer:

Owner/Owner Representative:

Signature: _____

Signature: _____

(Print name)

Owner: _____
(Print name)

Date: _____

Date: _____

I have instructed customer to proper maintenance of drains.

I have read and understand instructions as instructed by contractor/installer as to proper operations.

List Main Drains installed *location* (comp., therapy, spa, warm-up, etc.) & *type* (wall or floor):

Item # _____ Location _____ Type _____ Qty: _____

Item # _____ Location _____ Type _____ Qty: _____

Item # _____ Location _____ Type _____ Qty: _____

Item # _____ Location _____ Type _____ Qty: _____

P.O. Box 11676, Rock Hill, SC 29731-1676 • 555 Paddock Parkway, Rock Hill, SC 29730-8589

Telephone: (803) 324-1111 • (800) 849-2729 • Facsimile: (803) 324-1116

info@paddockindustries.com