

## COVER DOCTORS® SAFETY COVER REPLACEMENT FORM

Please fill out the blank fields in the form below, and return to us by fax or email for a cover replacement quote

STEP 1: SHIP BOX FOR REPLACEMENT COVER TO:

Name:		
Address:		Phone:
City:	State:	Zip:
	TRIBUTOR AND DEALER CONTA	
Distributor Name / Location: Pool Sup		
Distributor Contact: Shipping Dept.	Email: liner@poolsuppliescanada.ca	Phone: 1-888-992-9952
Dealer Name: Pool Supplies Canada		
Dealer Address: 3230 Mainway		
City: Burlington	State: Ontario	Zip: L7M 1A5
Dealer Email: liner@poolsuppliescanada.ca	Phone: 1-888-992-9952	Fax: 1-888-858-1424
Consumer Tag Name:		
	P 3: TYPE OF WORK TO BE PER	RFORMED
☐ Safety Cover Replacement		
	STEP 4: POOL SIZE	
Overall Length (at longest point):	Overall Width (at widest point):	
It is very important to provide	Note: Old covers can shrink or stretch over overall length and width of pool to help us det	
STEP 5: I	NFORMATION ABOUT EXISTING	(OLD) COVER
Cover Size:	Cover Shape:	Colour:
Material Type:	☐ Mesh	☐ Solid
Any covers receive	d with hardware on them will	ock doors 13 and 14.
STEP 6: PLEASE INDICATE WHAT	TO DO WITH THE OLD COVER (	DNCE NEW COVER IS MANUFACTURED

STEP 7: FAX THIS FORM TO US AT 1-888-858-1424 OR EMAIL IT TO: LINER@POOLSUPPLIESCANADA.CA

for shipping of old cover.

☐ Ship old cover back with new cover. A \$100.00 charge will be applied

Discard old cover at

**NO CHARGE**