



POOL LIFT MEASURING FORM

PHONE: 800-765-7946 • FAX: 800-766-5329

www.intheswim.com

Property Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: () _____ Evening Phone: () _____

Fax: () _____ Email Address _____

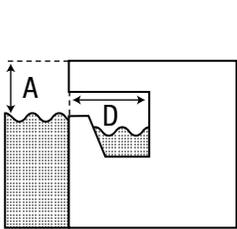
Enter Code Below

IMPORTANT!

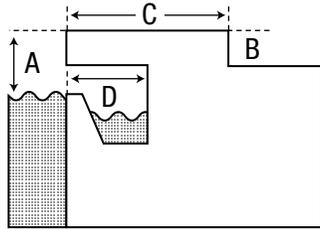
In order to better serve you, please enter the code from the blue box on the back page of your catalog to the right.

1. DECK PROFILE Name: _____

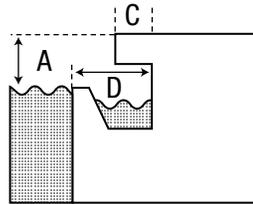
Locate the shape below that matches your deck profile and write the name in the space provided above. If your deck profile does not match one of the shapes below, please accurately draw the shape on a separate piece of paper and write **OTHER** in the space provided above.



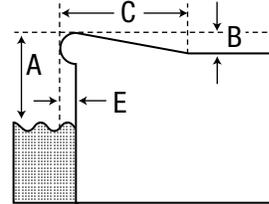
Fully Recessed Gutter



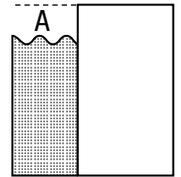
Fully Recessed Gutter w/parapet



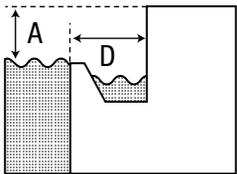
Partially Recessed Gutter



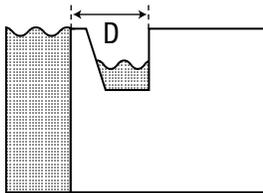
Bull Nose Coping



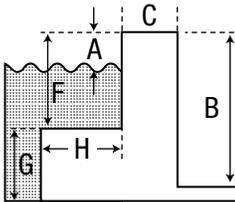
Standard Backyard Pool



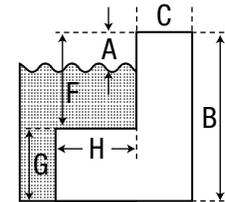
Rollout Gutter



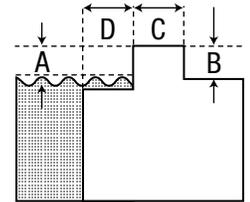
Flush Gutter and Deck
w/ or w/o Bullnose



Above Ground Spa



In Ground Spa



Florida Rollout
w/curb

2. DECK MATERIAL (check one)

Concrete Pavers Wood (Please request wood deck worksheet) Other _____

3. DECK DIMENSIONS

Please refer to the diagram of your deck profile above.

A: Distance from pool deck to water line _____ inches B: Height of curb _____ inches C: Width of curb _____ inches D: Width of gutter _____ inches
E: Bull Nose radius _____ inches F: Depth of seat _____ inches G: Spa seat to floor _____ inches H: Width of seat _____ inches

Field measurements are required for the product you wish to order. Please provide accurate measurements to eliminate delays or errors in the design and manufacturing. Choose the profile that most closely matches your pool and provide the measurements. A carpenter's level will be needed in order to determine the slope of the deck. If your gutter is not similar to any of these diagrams, please sketch your diagram on the back of this paper and provide us similar measurements as requested on this form

4. YOUR SIGNATURE

Your signature indicates that you have verified your measurements, and the information you have provided is correct. Your pool lift will be made to these specifications once you place your order. Once your pool lift is in production, alterations can **NOT** be made. Orders will **NOT** be processed without a signature.

Signature: _____ Date: _____