



CUSTOMER'S REPORT For Pool No: _____

Hand -or- Mail to: the General Manager, Cascade Industries Limited

WE ASK THAT YOU TAKE A FEW MINUTES OF YOUR TIME TO COMPLETE THIS FORM SO THAT WE ARE ABLE TO ENSURE THAT OUR PERFORMANCE AS YOUR POOL COMPANY HAS BEEN A SATISFACTORY ONE.

THE CUSTOMER NAME & ADDRESS OF JOB: _____
INSTALLATION CREW: _____
DATE: _____
EMAIL _____@_____

General Comments regarding CASCADE, the Installtion Crew & the installation of my swimming pool:

The swimming pool:

The Installation Crew:

Other contractors (i.e. Landscapers):

Areas that I believe Cascade or its Installation Crews could improve:

Things that need to be done before I consider the job complete:

Tick when done:



As all the items noted above have been addressed, I consider the job complete. The final payment has been made, and the Warranty page activating the guarantees has been duly signed by a Cascade representative.

Signed by: _____ (the Customer or Customer representative)

Print Name: _____ Date: _____

Signed by: _____ (for Cascade)

Stamp

cascade

CASCADE INDUSTRIES LIMITED
PO Box 17069, Greenlane
AUCKLAND 1105

Attention: General Manager

FOLD

Fold page so this is on the back, Cascade address on the front, then mail back to us

FOLD

CASCADE SWIMMING POOLS
PO Box 17069, Greenlane
AUCKLAND 1103

Stamp

To: _____

