

COVER DOCTORS® SAFETY COVER RA FORM

Please provide the following information for existing (old) cover being returned.

Name: Address: Phone: City: State: Zip: STEP 2: DISTRIBUTOR AND DEALER CONTACT INFORMATION Distributor Name / Location: Distributor Contact: Email: Phone: Dealer Name: Phone: Dealer Name: Dealer Redriess: Zip: City: State: Zip: Dealer Email: Phone: Dealer Email: Phone: Consumer Tag Name: STEP 3: TYPE OF WORK TO BE PERFORMED TEMPLATE REMAKE OTHER (Please Explain) REPAIR - Select those that apply (if known): Holes smaller than 4" Add Drain Chaffing strap replacement Holes smaller than 4" Remove Drain Webbing replacement Holes smaller than 4" Add Out-out Snap-hook replacement Remove Step Add cut-out Sn
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□ Holes larger than 4" □ Remove Drain □ Webbing replacement □ Add Step □ Cap cut-out □ Snap-hook replacement □ Remove Step □ Add cut-out □ OTHER: Note: If GLI manufactured this cover previously and you have the original PO#, SO# or Serial #, please contact our customer service department with this information. It is not necessary to return the old cover if you can provide the original cover identification.
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Note: Old covers can shrink or stretch over time. It is very important to provide overall length and width of pool to help us determine shrink factor of your old cover. Failure to provide this information may result in a data hold.
STEP 5: INFORMATION ABOUT EXISTING (OLD) COVER BEING RETURNED
Color:
Material Type: Mesh Solid
CTED O LE DETUDNINO AN EVICTINO COVED FOR A DEMAKE
STEP 6: IF RETURNING AN EXISTING COVER FOR A REMAKE, PLEASE INDICATE WHAT TO DO WITH THE OLD COVER ONCE THE NEW COVER IS MANUFACTURED
Discard old cover at - NO CHARGE Ship old cover back with new cover. A \$80.00 charge will be applied for shipping of old cover. Note: If no box is check above, GLI will automatically discard old cover when new cover is complete.

STEP 7: FAX SAFETY COVER RA FORM TO 330-744-1228 OR EMAIL TO RA@GLIPOOLPRODUCTS.COM.