



Watercannon 1.5 Pre Sale Checklist

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Pool: \_\_\_\_\_

Pool Size: \_\_\_\_\_

Pool Gallons: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

If used during the day, is the facility supervised?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does the facility have a dedicated receptacle? (120 volt 20 amp single phase NEMA 5-20R)

What is the measurement from where the Watercannon will sit to the dedicated receptacle? \_\_\_\_\_

I have checked with my local health or regulatory department to make sure they allow the Watercannon.

<input type="checkbox"/>	<input type="checkbox"/>
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Please include a sketch of where you will locate the Watercannon.

\_\_\_\_\_  
Facility Signature

\_\_\_\_\_  
Print Name Above