



Watercannon 3.0 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?  
 \_\_\_\_\_

	YES	NO
If used during the day, is the facility supervised?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a dedicated receptacle? (220 volt 20 amp single phase)	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility need the included PVC, water-tight, flip-lid, electrical box with twist-lock receptacle?	<input type="checkbox"/>	<input type="checkbox"/>
What is the measurement from where the Watercannon will sit to the dedicated outlet? _____		
I have checked with my local health or regulatory department to make sure they allow the Watercannon.	<input type="checkbox"/>	<input type="checkbox"/>

Please include a sketch of where you will locate the Watercannon.

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

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