

CONSUMER CONTACT FORM (CCF)

Owner Information	
Product	
Color	
Batch No.	
PMM Bonding	YES <input type="checkbox"/> NO <input type="checkbox"/>
Agent Used	
Warranty Filed	YES <input type="checkbox"/> NO <input type="checkbox"/> Warranty #
Owner Name	
Address	
City, State, Zip	
Phone	
Fax	
Cell	
email	

Information required
<ul style="list-style-type: none"> • Date of pool/ plaster completion _____ • 2 months of chemical history • Pictures included

Office use only:	Sales representative
Warranty Valid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Submitted	

Recommendations

Pool Builder/ Applicator	
Contractor	
Address	
City, State, Zip	
Phone	
Cell	
Fax	
email	
Contact	

Describe problem in detail: (color, location, pattern, etc.)

**Must FAX to
407-327-8942**

**or EMAIL:
csrws@PMMproducts.com**