



20689 Sussex Hwy SEAFORD, DE 19973

P: (302)629-9645 F: (302)629-9469

**2018 IRRIGATION SYSTEM MAINTENANCE CONTRACT
RESIDENTIAL**

Name:			
Mailing Address:			
City:		State:	Zip:
Service Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Visa or MC #:	Exp:	CVV #:	Check#:

Authorized Signature: _____

***Signature Required to Execute Contract**

Date: _____

Plan	Description	Cost
1	Five- Visit Plan** - March/April/May- Turn on system and check for problems - July, August, and September- Make seasonal adjustments to the system and check for problems. - October/November- Winterize System	\$350
2	Three- Visit Plan** - March/April/May- Turn on system and check for problems - July- Make seasonal adjustments to the system and check for problems. - October/November- Winterize System	\$230
3	Two- Visit Plan** -March/April/May- Turn on system and check for problems - October/November- Winterize System	\$160
4	Spring Service Only ** -March/April/May- Turn on system and check for problems	\$90
5	Winterization Only** -October/November- Winterize System	\$90

** All repairs are done on a time and material basis. ** All service based on 1 hour ** All other time will be billed as time and material.

** No calls or emails prior to service, service is automatic. ** Winterizations will be done automatically unless requested in writing before 10/1

*** Please keep a copy for your records. ** Please fax or mail service contract so we may add you to our schedule

EMAIL: _____

COMMUNITY: _____

Comments:
