



LASER MEASURE REQUEST

PLEASE SEND COMPLETED FORM TO **SALES@DOUGHBOYVINYL.COM**

VERSION: 04-23-2026

| | |
|-------------------------------|--------------------------------------|
| DATE OF REQUEST: _____ | REQUESTED MEASURE DATE: _____ |
|-------------------------------|--------------------------------------|

COMPANY: _____

SALESMAN NAME: _____

SALESMAN PHONE: _____

CUSTOMER/JOB NAME: _____

CUSTOMER/JOB PHONE: _____

CUSTOMER/JOB ADDRESS: _____

(KEYPAD/ETC)

LINER NEW CONSTRUCTION
 REPLACEMENT

POOL DRAINED?
 (DATE) _____

LINER REMOVED?
 (DATE) _____

WALL FOAM REMOVED?
 (DATE) _____

AUTO-PUMP LEFT IN HOPPER?*

(DATE) _____

COVER NEW CONSTRUCTION
 REPLACEMENT

EXISTING COVER ON POOL?
 (DATE) _____

COMPANY REPRESENTATIVE (& PHONE NUMBER) MEETING THE LASER MEASURING CREW ON-SITE:

*PLEASE LEAVE AUTO-PUMP UNTIL COMPLETION OF MEASURING. DVT IS NOT RESPONSIBLE FOR REMOVAL OF LINER, WALL FOAM, OR PUMPING WATER.

LASER MEASUREMENT CHARGE WILL BE INVOICED WITH PRODUCT.

DISTANCE TO JOBSITE FROM 805 INDUSTRIAL PARK DRIVE TRENTON, TN 38382

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| _____ MILES |
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