

Water Works, Inc.

Underground Sprinkler Systems
and Landscape Lighting
Residential & Commercial



ANNUAL SERVICE CONTRACT For Wisconsin Residents

This Service Contract between Water Works, Inc and _____ (Client) is valid for the Spring of _____ and the Fall of _____. This Service Contract will cover labor for the following services, up to the 1st hour; additional hourly rates apply after the 1st hour.

The Service Contract must be paid prior to scheduling initial appointment. Pricing as follows:

\$325.00 for 12 zones or less **\$425.00 for 13-24 zones**

If over 24 zones, please contact our office for pricing

NOTE: an additional charge of \$100.00 will be added to systems that operate using a pump.

1. Spring Irrigation Start-Up
 - a. Run system to check coverage
 - b. Make adjustments as needed
 - c. Replacement or Repair of up to 6 sprinkler heads (if damaged only)
 - d. Reprogram irrigation controller (if needed)

2. Fall Irrigation Winterization
 - a. Clear all irrigation lines (blow-out with air-compressor)
 - b. Winterize backflow prevention assembly device (removal)
 - c. Deactivate irrigation controller

OPTIONAL SERVICES (initial option if desired)

1. Mid-Year Check-Up (Additional \$130.00)
 - a. Check irrigation system to ensure it is operating at optimal performance _____ (initial)
 - b. Check coverage
 - c. Make adjustments as needed
 - d. Replacement or Repair of up to 4 sprinkler heads (if damaged only)
 - e. Reprogram irrigation controller (if needed)

I agree to pay \$ _____ for the total cost of the Service Contract including chosen option.
CONTRACT NOT VALID UNTIL PAID IN FULL, WE ACCEPT ALL MAJOR CREDIT CARDS

CC# _____ EXP: _____

*** THIS SERVICE CONTRACT IS NON-REFUNDABLE AND NON-TRANSFERABLE ***

_____	I GIVE AUTHORIZATION FOR WATER WORKS, INC	
Customer Name	TO PROVIDE THE ABOVE CONTRACTED SERVICES.	
_____	IN THE EVENT I AM NOT HOME FOR A SCHEDULED	
Billing Address	APPOINTMENT, SERVICE MAY BE PERFORMED.	
_____	IF ACCESS OF THE SYSTEM IS NOT READILY	
City State Zip Code	AVAILABLE TO THE SERVICE TECHNICIAN, I	
_____	AGREE TO PAY THE ADDITIONAL COST OF A	
Contact Name	RETURN SERVICE CALL.	
_____	Customer Signature	Date
Service Address if different from Billing Address	_____	_____
_____	E-mail Address	_____
City State Zip Code	_____	_____
_____	Home Phone	Alternate Phone
Subdivision	_____	_____

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