

REPORT OF POOL TABLE(S) REQUIRING SERVICE

Location: _____

Table Needing Service: _____

Explain EXACT Reason For Service: _____

Was the location Manager Notified: YES NO

Date: _____

Printed Name of Reporting Person/Team: _____

SIGNATURE: _____

(Not Valid Without a Signature)

FOR BOARD USE ONLY BELOW THIS LINE

Who was notified at location or vendor: _____

Date & Time of Notification: _____

Board Member Name: _____

Notes from person contacted:

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