

# Roman Liner Order Form

Email: [customerservice@ipoolgroup.com](mailto:customerservice@ipoolgroup.com)  
 Phone: 1-888-277-POOL  
 Fax: 863-467-5750



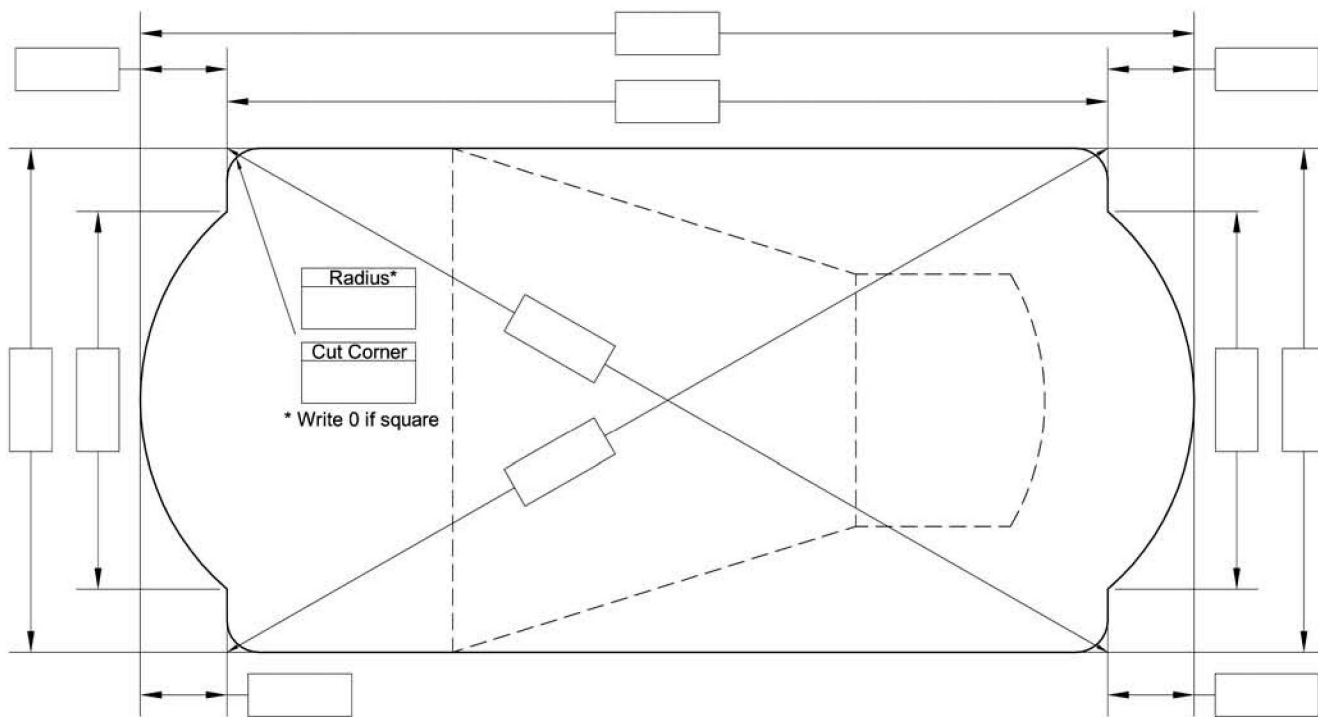
Client Name:
Tag:
Date Required:
Pick-up <input type="checkbox"/> Transport <input type="checkbox"/>
For internal use only
P.S. #:

Size:
Manufacturer of pool:
Wall Pattern: <input type="checkbox"/> 20 ML <input type="checkbox"/> 30 ML
Floor Pattern: <input type="checkbox"/> 20 ML <input type="checkbox"/> 30 ML
Bead: <input type="checkbox"/> Standard <input type="checkbox"/> Overlap: _____ in. <input type="checkbox"/> Other: _____

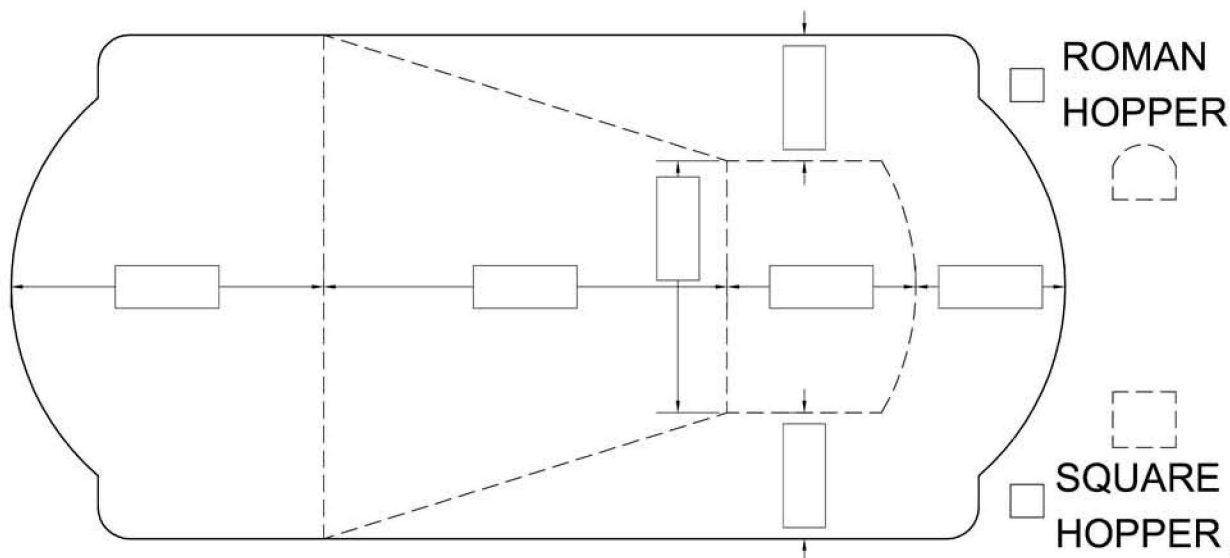
<b>Depth:</b>	<b>Wall Height:</b>	<b>Perimeter:</b>
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Indicate desired seam position ( X or → ).

**Pool Dimensions**



**Slopes**



Take all measurements from the imaginary intersections of the straight sides.