

**POOL CORP.  
DATA SHEET  
MDL 2328**

Name of Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Company Email: \_\_\_\_\_

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Senior Partner of Pool Corp.

Administrative Person (Individual that will be compiling information and that we should address questions to about the numbers)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address:

Address: (if different from above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Direct Dial Phone: \_\_\_\_\_

Direct Dial Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

As a convenience to the law firm submitting the information we will assign partner identification numbers that can be used in lieu of a signed submission form being scanned in and attached to the document.

Please sign the signature line below if you agree with following statement:

*By use of my assigned partner ID number I hereby certify that I have reviewed the submission, that it is in compliance with PTO-9 and all other court orders, and that the information is true and correct to the best of my knowledge.*

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*Signature*

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*Print Name*