



# Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

2134 Highway E Salem MO 65560 Dent  
Street Address City Zip Code County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

(1) Age 3 (2) Shape Round (3) Size (length x width) 22'

(4) Depth 42" (5) Volume (gallons) \_\_\_\_\_

(6) Type  Above ground (please check type)  Vinyl liner  Other \_\_\_\_\_

In ground (please check type)  Concrete  Stainless  Gunite  Fiberglass  Vinyl liner

Other \_\_\_\_\_

(7) Pool Builder \_\_\_\_\_

(8) Type of chemical sanitizer  Chlorine  Copper/Silver Ionizer  Bacquacil  Ozonator  Saltwater

Other \_\_\_\_\_

(9) Cover  Yes  No If "Yes", is it  Automatic  Manual

(10) Pool service provider \_\_\_\_\_ Last serviced \_\_\_\_\_ (date)

(11) Last opened by \_\_\_\_\_

Last closed by \_\_\_\_\_

(12) Age of heater n/a Heating source \_\_\_\_\_

(13) Age of pump 3 yrs

(14) Age of filter \_\_\_\_\_ Type of filter  Sand  DE  Other \_\_\_\_\_

(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed) \_\_\_\_\_

Are you aware of any leak, defect or other problem or repair needed for any item above?

Please explain if "Yes" and attach additional pages if needed: no

HOT TUB: (Indicate if any information is approximate) n/a

(1) Age \_\_\_\_\_ (2) Volume (gallons) \_\_\_\_\_ (3) Manufacturer \_\_\_\_\_

(4) Construction (e.g., fiberglass, plastic, cement) \_\_\_\_\_

(5) Type of chemical sanitizer?  Chlorine  Copper/Silver Ionizer  Bacquacil  Ozonator  Saltwater

Other \_\_\_\_\_

(6) Spa service provider \_\_\_\_\_ Last serviced \_\_\_\_\_ (date)

(7) Age of heater \_\_\_\_\_ Heat source \_\_\_\_\_

(8) Age of pump \_\_\_\_\_ (9) Age of filter \_\_\_\_\_ (10) Number of jets \_\_\_\_\_

(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed) \_\_\_\_\_

Are you aware of any leak, defect or other problem or repair needed for any item above?  Yes  No

Please explain if "Yes" and attach additional pages if needed: \_\_\_\_\_

BUYER'S INITIALS [Signature] 5/3/21 (date)

SELLER'S INITIALS [Signature] 5/3/21 (date)

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Last Revised 12/31/18

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