



SERVICE REQUEST FORM

DATE: <u>1/20/26</u>	ORIGINAL WORK ORDER # <u>604414</u>	SERVICE WORK ORDER #
NAME: <u>Carolyn Hill</u>	INVOICE #:	
LOT # _____ SUBDIVISION: _____	ORIGINAL INSTALL DATE: _____	INVOICE NUMBER:
ADDRESS: <u>4120 Downeast</u>	REQUESTED BY: _____	
CITY: <u>Orlando/Winter</u> ZIP: <u>32706</u> lane		COMPLETION DATE:
CONTACT PERSON: _____		
CONTACT NUMBER: <u>4076879046</u>	ORIGINAL INSTALLER: <u>Heiko/Gerry</u>	SERVICE TECHNICIAN:

DESCRIPTION	
LINE # - WHAT IS THE PROBLEM?:	
	doors scraping on bottom / can't move shutter because of window frame
	# 6 left Door has Has tension when closing
WHERE DID YOU PUT THE BLINDS?:	
WHAT IS NEEDED TO COMPLETE THE SERVICE?:	had to cut all bottom Frames of the shutters to get them to fit window
	All shutter were missing magnets
TRIP FEE	had extra in van to put magnets on
SERVICE FEE	all doors
PARTS FEE	
	Spoke to Spoke to Ahren he'll check on it and speak with H
	SUBTOTAL
	SALES TAX
SCHEDULED:	TOTAL

PLEASE ATTACH COMPLETED SERVICE WITH ORIGINAL ORDER
Enter this order in accordance with the prices, terms, and specifications listed above.

Customer Authorization:

Ahren handling
1/21/26

Date