



SERVICE REQUEST FORM

DATE: <u>2-3-26</u> NAME: <u>Maronda</u> LOT # <u>1</u> SUBDIVISION: <u>Egrets Reserve</u> ADDRESS: <u>4657 Cornwall Drive</u> CITY: <u>Merritt Island</u> ZIP: <u>32953</u> CONTACT PERSON: <u>Austin - super</u> CONTACT NUMBER: <u>321-759-3355</u>	ORIGINAL WORK ORDER # <u>604513</u> INVOICE #: _____ ORIGINAL INSTALL DATE: <u>12-29-25</u> REQUESTED BY: <u>Super</u> _____ measured by <u>Carlos</u> _____ ORIGINAL INSTALLER: <u>David & Heiko</u>	SERVICE WORK ORDER # <u># 604513R2</u> INVOICE NUMBER: _____ COMPLETION DATE: _____ SERVICE TECHNICIAN: _____
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DESCRIPTION		
LINE # - WHAT IS THE PROBLEM?:		
The other pool door that is in the master bedroom was not measured so it was never made.		
WHERE DID YOU PUT THE BLINDS?:		
WHAT IS NEEDED TO COMPLETE THE SERVICE?:		
I need a 16 x 85 OB blind for master bedroom pool door		
TRIP FEE		
SERVICE FEE		
PARTS FEE		
		SUBTOTAL
		SALES TAX
SCHEDULED: 2-9-26		TOTAL
		0

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

Customer Authorization: _____

Date _____