



## SERVICE REQUEST FORM

DATE: <u>02/03/16</u>	ORIGINAL WORK ORDER # <u>604965</u>	SERVICE WORK ORDER #
NAME: <u>Jessica Santana</u>	INVOICE #:	INVOICE NUMBER:
LOT # _____ SUBDIVISION: _____	ORIGINAL INSTALL DATE:	COMPLETION DATE:
ADDRESS: <u>4079 Bannock Ave</u>	REQUESTED BY:	SERVICE TECHNICIAN:
CITY: <u>TAVARES</u> ZIP: <u>32778</u>		
CONTACT PERSON:		
CONTACT NUMBER: <u>407 721 6350</u>	ORIGINAL INSTALLER: <u>Hector/Carlos</u>	

DESCRIPTION		
LINE # - WHAT IS THE PROBLEM?:		
<u># 4 slider was to big Needs to be cut 1/2 inch</u>		
WHERE DID YOU PUT THE BLINDS?:		
<u>143 3/4 x 92 1/2</u>		
WHAT IS NEEDED TO COMPLETE THE SERVICE?:		
<u>left slats on sight</u>		
<u>143 3/4 split VU Vertical only</u>		
TRIP FEE		
SERVICE FEE		
PARTS FEE		
		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: \_\_\_\_\_

Date \_\_\_\_\_