



SERVICE REQUEST FORM

DATE: <u>2/9/26</u>	ORIGINAL WORK ORDER # <u>604956</u>	REWORK # _____
NAME: <u>Mariana Homes</u>	INVOICE #: _____	INVOICE NUMBER: _____
LOT # <u>3</u> SUBDIVISION: _____	ORIGINAL INSTALL DATE: <u>2/9/26</u>	SALES PERSON: _____
ADDRESS: <u>4678 Cornwall Dr</u>	REQUESTED BY: <u>Gerry</u>	_____
CITY: <u>Egrets Res.</u> ZIP: <u>32953</u>	_____	_____
CONTACT PERSON: _____	_____	_____
CONTACT NUMBER: <u>321-759-3355</u>	ORIGINAL INSTALLER: _____	_____

DESCRIPTION									
LINE # - WHAT IS THE PROBLEM?:									
Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	DWL or DWR	Fabric Only
	<u>BR4</u>		<u>51</u>	<u>61</u>					
WHERE DID YOU PUT THE BLINDS?: ONSITE / VAN / SHOP LOCATION:									
WHERE DID YOU PUT THE HARDWARE AND ACCESSORIES? ONSITE / VAN / SHOP LOCATION:									
WHAT IS NEEDED TO COMPLETE THE SERVICE?: <u>① Blind missed on measure</u>									
TRIP FEE							SUBTOTAL		
SERVICE FEE							SALES TAX		
PARTS FEE					SCHEDULED:		TOTAL		

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

Installer: Gerry Torres was here on 2/9/2026 and the service WAS / WAS NOT completed.
 (Circle One)

Customer Authorization: _____ Date _____