



SERVICE REQUEST FORM

DATE: <u>2/10/26</u> NAME: <u>Meritage</u> LOT # <u>808</u> SUBDIVISION: <u>Crossprairie</u> ADDRESS: <u>4517 Eagle Perch</u> CITY: <u>St. Cloud</u> ZIP: <u>34772</u> CONTACT PERSON: <u>Dominick</u> CONTACT NUMBER: <u>321-200-6848</u>	ORIGINAL WORK ORDER # <u>604810</u> INVOICE #: <u>IN 4653</u> ORIGINAL INSTALL DATE: <u>2/10/26</u> REQUESTED BY: <u>Gemy</u> ORIGINAL INSTALLER: <u>Gemy</u>	REWORK # <u>60481021</u> INVOICE NUMBER: SALES PERSON:
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DESCRIPTION

LINE # - WHAT IS THE PROBLEM?:

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	OWL or OWR	Fabric Only
7	MBR								
8									
9	Bed								

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?: (3) 34 3/4 X 60
wrong size on measurements. (chad measure)

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: _____ was here on ___/___/2026 and the service WAS / WAS NOT completed.
 (Circle One)

Customer Authorization: _____ Date: _____