



SERVICE REQUEST FORM

DATE: <u>2/16/26</u>	ORIGINAL WORK ORDER # <u>604711</u>	SERVICE WORK ORDER # <u>60471121</u>
NAME: <u>Mavonda Homes</u>	INVOICE #: <u>IN 4723</u>	INVOICE NUMBER:
LOT # <u>4</u> SUBDIVISION: <u>Eagle Crest</u>	ORIGINAL INSTALL DATE: <u>2/16/26</u>	COMPLETION DATE:
ADDRESS: <u>1158 Altair Way</u>	REQUESTED BY: <u>Gerry</u>	SERVICE TECHNICIAN:
CITY: <u>Grant Valdez</u> ZIP: <u>32950</u>		
CONTACT PERSON: <u>Eric</u>	ORIGINAL INSTALLER: <u>Gerry</u>	
CONTACT NUMBER: <u>321-205-7760</u>		

DESCRIPTION	
LINE # - WHAT IS THE PROBLEM?:	<u>Line # 1 was sent 71/4 x 60 Needs to be 71/4 x 70</u>
WHERE DID YOU PUT THE BLINDS?:	
WHAT IS NEEDED TO COMPLETE THE SERVICE?:	<u>71/4 x 70 2" ABB</u>
TRIP FEE	
SERVICE FEE	
PARTS FEE	
SCHEDULED: <u>2/23</u>	
SUBTOTAL	
SALES TAX	
TOTAL	

Blind was sent correctly, installer went off label from ABB instead of what the blind actually is. Install Blind 2/17

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

Customer Authorization: