

VU WINDOW TREATMENTS

SERVICE REQUEST FORM

| | | |
|--|---|---------------------------------------|
| DATE: <u>2/17/26</u> | ORIGINAL WORK ORDER # <u>VU605145</u> | SERVICE WORK ORDER # <u>#60514521</u> |
| NAME: <u>Neal</u> | INVOICE #: | INVOICE NUMBER: |
| LOT # _____ SUBDIVISION: _____ | ORIGINAL INSTALL DATE: <u>2/17/26</u> | COMPLETION DATE: |
| ADDRESS: <u>3907 Outpost Terrace</u> | REQUESTED BY: <u>Carlos / Heiko</u> | SERVICE TECHNICIAN: |
| CITY: <u>Garrish</u> ZIP: <u>34219</u> | | |
| CONTACT PERSON: <u>Damien</u> | | |
| CONTACT NUMBER: <u>941-713-4981</u> | ORIGINAL INSTALLER: <u>Carlos / Heiko</u> | |

| DESCRIPTION | |
|---|--|
| LINE # - WHAT IS THE PROBLEM?: | <u>MISSING blinds (3) TOTAL</u> <u>look at work order (not correct)</u> |
| WHERE DID YOU PUT THE BLINDS?: | <u>N/A MISSING 3 to complete install</u> |
| WHAT IS NEEDED TO COMPLETE THE SERVICE?: | <u>(1) 36 1/2 x 61 (1) 36 x 61</u> <u>(1) 34 1/2 x 61</u> |
| <u>2/17/26 SUPER IS AWARE HE SAYS HOUSE CLOSES IN APRIL</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 _____