



SERVICE REQUEST FORM

DATE: <u>2-17-26</u>	ORIGINAL WORK ORDER # <u>604924</u>	SERVICE WORK ORDER # <u>604924R1</u>
NAME: <u>Meritage</u>	INVOICE #: <u>IN4731</u>	INVOICE NUMBER:
LOT # <u>820</u> SUBDIVISION: <u>Crossprairie</u>	ORIGINAL INSTALL DATE: <u>2-17-26</u>	COMPLETION DATE:
ADDRESS: <u>4488 Eagle Perch Ct</u>	REQUESTED BY: <u>David/Aedan</u>	SERVICE TECHNICIAN:
CITY: <u>St. Cloud</u> ZIP: <u>34772</u>		
CONTACT PERSON: <u>Dominick</u>		
CONTACT NUMBER: <u>321-200-6848</u>	ORIGINAL INSTALLER: <u>David/Aedan</u>	

DESCRIPTION	
LINE # - WHAT IS THE PROBLEM?:	<u>#5 Upstair Liv 1 sent wrong 35X36 IB</u> <u>Recieved 34 1/2 X 60</u>
WHERE DID YOU PUT THE BLINDS?:	
WHAT IS NEEDED TO COMPLETE THE SERVICE?:	<u>Need 35 x 36 IB</u> <u>to complete install</u>
TRIP FEE	
SERVICE FEE	
PARTS FEE	
	SUBTOTAL
	SALES TAX
	TOTAL
SCHEDULED:	

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

Customer Authorization:

Date