



WINDOW TREATMENTS

SERVICE REQUEST FORM

DATE: <u>2/20/26</u>	ORIGINAL WORK ORDER # <u>604687</u>	SERVICE WORK ORDER # <u>60468721</u>
NAME: <u>Taura Lafgren</u>	INVOICE #:	INVOICE NUMBER:
LOT # _____ SUBDIVISION: _____	ORIGINAL INSTALL DATE: <u>2/20/26</u>	COMPLETION DATE:
ADDRESS: <u>137 Hickory Ridge</u>	REQUESTED BY:	SERVICE TECHNICIAN:
CITY: <u>Lake Mary</u> ZIP: <u>32746</u>		
CONTACT PERSON:		
CONTACT NUMBER: <u>407 470 6344</u>	ORIGINAL INSTALLER: <u>Hector Leanos</u>	

DESCRIPTION	
LINE # - WHAT IS THE PROBLEM?:	<u>#6 & #14 left out H/O</u>
WHERE DID YOU PUT THE BLINDS?:	<u>Had to use spacers for kitchen shade and didn't have enough for #6 SGD only had enough for 3 Brackets. Needed spacers for 5 more Brackets and #14 the tile wasn't ready</u>
WHAT IS NEEDED TO COMPLETE THE SERVICE?:	<u>Needs 1" inch spacers for SGD #6 and Master Bath to be installed when we come back to do her shutters</u>
TRIP FEE	
SERVICE FEE	
PARTS FEE	<u>All other 12 shades were installed</u>
	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.

Date

Customer Authorization: