



SERVICE REQUEST FORM

DATE: <u>2/23/26</u>	ORIGINAL WORK ORDER # <u>604953</u>	REWORK # <u>604953R1</u>
NAME: <u>Meritage</u>	INVOICE #: <u>IN4780</u>	INVOICE NUMBER:
LOT # <u>2002</u> SUBDIVISION: <u>Legends Preserve</u>	ORIGINAL INSTALL DATE: <u>2/23/26</u>	SALES PERSON:
ADDRESS: <u>1101 British Cir</u>	REQUESTED BY: <u>David David</u>	
CITY: <u>Daytona</u> ZIP: <u>3224</u>		
CONTACT PERSON: <u>David</u>	ORIGINAL INSTALLER: <u>ll /</u>	
CONTACT NUMBER: <u>407-123 6940</u>		

DESCRIPTION

LINE # - WHAT IS THE PROBLEM?: Lines #2-#4 were wrong width.

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	OWL or DWR	Fabric Only
2					<u>34 3/8</u>	<u>60</u>	<u>IB</u>		
3					<u>35 1/4</u>				
4					<u>35 1/4</u>				

WHERE DID YOU PUT THE BLINDS?: ONSITE / VAN / SHOP LOCATION: Blinds return area

WHERE DID YOU PUT THE HARDWARE AND ACCESSORIES? ONSITE / VAN / SHOP LOCATION:

WHAT IS NEEDED TO COMPLETE THE SERVICE?:

cut @ 34 3/4 x 60 for #2-#4

TRIP FEE		SUBTOTAL	
SERVICE FEE		SALES TAX	
PARTS FEE	SCHEDULED: <u>3/2.</u>	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 _____