



SERVICE REQUEST FORM

DATE: <u>2/23/26</u>	ORIGINAL WORK ORDER # <u>604917</u>	REWORK # <u>604917R1</u>
NAME: <u>Mortgage</u>	INVOICE #: <u>IN 4779</u>	INVOICE NUMBER:
LOT # <u>2001</u> SUBDIVISION: <u>Legends P.</u>	ORIGINAL INSTALL DATE: <u>2/23/26</u>	SALES PERSON:
ADDRESS: <u>1117 British Cir</u>	REQUESTED BY: <u>Patric David</u>	
CITY: <u>Dayton</u> ZIP: <u>32124</u>		
CONTACT PERSON: <u>David</u>		
CONTACT NUMBER: <u>407-923-6940</u>	ORIGINAL INSTALLER: <u>1111</u>	

DESCRIPTION

LINE # - WHAT IS THE PROBLEM?: Line #2 + #11 wrong width

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	OWL or OWR	Fabric Only
<u>2</u>			<u>measure</u>		<u>35 1/2</u>	<u>60</u>	<u>IB</u>		
<u>11</u>			<u>on WO</u>		<u>35</u>	<u>L</u>	<u>↓</u>		

WHERE DID YOU PUT THE BLINDS?: ONSITE / VAN / SHOP LOCATION: Blind retain 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

TRIP FEE	<u>for #2 + #11</u>	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