



SERVICE REQUEST FORM

DATE: <u>2/24/26</u> NAME: <u>Richard American</u> LOT # <u>156</u> SUBDIVISION: <u>Magnolia Pt.</u> ADDRESS: <u>240 Flag Lilly Ln.</u> CITY: <u>Unatilla</u> ZIP: <u>32784</u> CONTACT PERSON: <u>Carlos</u> CONTACT NUMBER: _____	ORIGINAL WORK ORDER # <u>605178</u> INVOICE #: <u>IN4790</u> ORIGINAL INSTALL DATE: <u>2/25/26</u> REQUESTED BY: <u>Gemy</u> ORIGINAL INSTALLER: <u>Gemy</u>	REWORK # <u>605178R1</u> INVOICE NUMBER: _____ SALES PERSON: _____
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DESCRIPTION

LINE # - WHAT IS THE PROBLEM?:

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IE or OB	DOWL or DWR	Fabric Only
	<u>SLD</u>								

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

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

WHAT IS NEEDED TO COMPLETE THE SERVICE?: Valance needs to be replaced has a crack on Race

TRIP FEE	SUBTOTAL	
SERVICE FEE	SALES TAX	
PARTS FEE	SCHEDULED:	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 _____