



SERVICE REQUEST FORM

DATE: <u>2/24/26</u>	ORIGINAL WORK ORDER # <u>604794</u>	REWORK # <u>604794R1</u>
NAME: <u>Maranda</u>	INVOICE #: <u>IN4788</u>	INVOICE NUMBER:
LOT # <u>349</u> SUBDIVISION: <u>SL</u>	ORIGINAL INSTALL DATE: <u>2/24/26</u>	SALES PERSON:
ADDRESS: <u>3475 ETHIOP LN</u>	REQUESTED BY: <u>Aedin Carlos</u>	
CITY: <u>P. Charlotte</u> ZIP: <u>33947</u>		
CONTACT PERSON: <u>Manuel</u>	ORIGINAL INSTALLER: <u>11 11</u>	
CONTACT NUMBER: <u>941-759-0180</u>		

DESCRIPTION

LINE # - WHAT IS THE PROBLEM?:

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	OWL or OWR	Fabric Only
	<u>67D</u>	<u>Valance cracked/Bamag</u>			<u>77</u>	<u>77 1/2</u>	<u>OB</u>	<u>OWR</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?:

New vertical valance @ 77

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 _____