VU WINDOW TREATMENTS

SERVICE REQUEST FORM

DATE: 2/25/26
NAME: Nick Anderson
LOT # _____ SUBDIVISION: _____
ADDRESS: 6672 Cherry Grove Ct
CITY: Orlando ZIP: 32809
CONTACT PERSON: _____
CONTACT NUMBER: 407 409 0222

ORIGINAL WORK ORDER #: 605088
INVOICE #: _____
ORIGINAL INSTALL DATE: 2/25/26
REQUESTED BY: Heiko
ORIGINAL INSTALLER: Heiko

REWORK #: 605088R1
INVOICE NUMBER: _____
SALES PERSON: _____

DESCRIPTION

LINE # - WHAT IS THE PROBLEM?: #2 shutter was falling apart walking it into Home and broke walking up the stairs

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	OWL or OWR	Fabric Only
			and	hinges	were	wrong	on		Both shutter

WHERE DID YOU PUT THE BLINDS?: (ONSITE) / VAN / SHOP LOCATION: Broken shutter came back

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

WHAT IS NEEDED TO COMPLETE THE SERVICE?:

correct hinges and #2 shutter installed to complete order.

TRIP FEE		SUBTOTAL	
SERVICE FEE		SALES TAX	
PARTS FEE	SCHEDULED: Tues 3/3 8-10a	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