



SERVICE & WARRANTY REQUEST

Job No.

Name: _____
 Address: _____
 Phone: (Office): _____ (Office): _____
 Home Phone: _____
 E-mail Address: _____
 Date Occupied Home: _____

Failure to describe defect completely could result in processing delays. Please list only one service item per form. Give as much information as possible.

Fax to: 763-586-7253

Service Item (1 per form): _____

Year End Drywall Inspection

(homeowner is responsible for sanding and painting after drywall repairs)

OFFICE USE ONLY

Date: _____ Vendor: _____

Service scheduled for: _____ Anticipated completion date: _____

Re-scheduled for: _____ Reason: _____

Scheduling notes: _____

Work Performed: _____

Date work completed: _____ Technician: _____

Backcharge: _____ Pend for: _____