

Service Request Form



GERKIN™
WINDOWS & DOORS

Date: _____ Purchase Date: _____
 PO #: _____ Distributor / Dealer: _____
 Order #: _____ Dealer Contact #: _____
(see example to right)

123456.001
(Do Not remove label)
 Example Order
 Number / Warranty Sticker

JOB SITE	Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Phone #: _____

Site Directions: _____

Problem Description / Complaint:

Model	Qty

Pictures Submitted: No Yes
 Construction Type: Residential Occupied
 Height Exterior: _____ Height Interior: _____
 Commercial Unoccupied
 Obstructions: No Yes - Type: _____
 Multi-Use Under Construction
 Scaffolding Req: No Yes
 Other:
 Lift Req: No Yes

Space Below Is For Gerkin Service Use Only

Materials Sent: _____

Description of Work Performed: _____

Office: _____
 Customer Contacted: _____
 Msg or Verbl: _____

Service Tech: _____ Pictures Taken: _____
 Work Completed By: _____ Date Completed: _____
 Follow up needed: No Yes Time Completed: _____