



**BOULEVARD**  
HOMES

# **11 MONTH SERVICE REQUEST**

D102-170  
14300 NE 20<sup>th</sup> Ave.  
Vancouver, WA 98686-1493  
Office 360/887.0175  
Fax 360/887.0447

Job #: \_\_\_\_\_  
Project: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**CUSTOMER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Best time during day for service work \_\_\_\_\_  
Permission to Enter \_\_\_\_\_ YES \_\_\_\_\_ NO

DESCRIPTION OF SERVICE WORK REQUESTED		BOULEVARD HOMES ONLY		
<u>Describe Problem</u>	<u>Location</u>	<u>Action Taken</u>	<u>Sub-Contractor</u>	<u>Date Notified</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Acceptance _____	Date _____	Work Completed _____		Date _____